



INFORMED CONSENT FOR TREATMENT

I give my voluntary consent for the administration of treatment deemed appropriate by my registered treating Therapist (e.g. Physiotherapist, Massage Therapist, Kinesiologist).

I intend for this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

I consent to the therapist undraping areas of my body to the extent needed to provide treatment while considering my comfort, security, and privacy as requested by me. I understand that at any time I may withdraw my consent to any treatment by informing the Therapist with words to that effect, and then treatment will be stopped.

I agree that no assurance or guarantee has been provided to me by my Therapist or Maple Ridge Physiotherapy and Pain Clinic as to any results of treatment.

I understand that Physiotherapy treatments may include individualized exercise prescription and various forms of manual therapy techniques such as mobilization, manipulation, soft tissue release and stretches. Treatments may also include modalities such as heat, ice, therapeutic taping, ultrasound, LASER, TENS, interferential current, shockwave therapy, spinal decompression, and electric muscular stimulation. Other treatment options include acupuncture/dry needling/IMS, that involve the insertion of single use, sterile, disposable needles through the skin, into the underlying muscles. I understand that all treatment options will be discussed with me by my therapist, and at that time I may decide on providing consent to treatment.

I understand that there are very small possibilities of risks or complications that may result from the above listed treatments. I do not expect the therapist to anticipate all the possible risks and complications. I wish to rely on the therapist to exercise proper judgment during the course of treatment to make decisions based upon my best interest.

Potential small but possible risk factors to treatment:

Manual therapy or Exercise Therapy (Physiotherapy, Massage Therapy, Kinesiology): Muscle strains and sprains, bruising, light headedness, dizziness and tenderness.

Modalities (Physiotherapy): Minor skin irritations such as redness or rash, heat or ice burn.

Therapeutic Taping: (Physiotherapy and Kinesiology): Minor skin irritations (e.g. redness/rash/blister).

Acupuncture/Dry Needling/IMS (Physiotherapy): Minor soreness, bleeding or bruising, nausea, fainting, infection, shock convulsions, possible perforation of internal organs, stuck, broken or bent needles, and fetal distress in pregnant women.

I understand that the primary goals of treatments are to help reduce my pain and improve my mobility, strength, endurance, function and/or quality of life.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy

Patient Name

Date (YYYY/MMM/DD)

I agree that checking this box constitutes an electronic representation of my signature.