

INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

- PHYSIOTHERAPY**
- MASSAGE THERAPY**
- ACUPUNCTURE**

I understand that assessment and treatment at Physiomobility Health Group may include, but is not limited to: exercise prescription, manual therapy techniques (such as mobilizations, manipulations, soft tissue release and stretches) and therapeutic modalities (such as heat, ice, electrical stimulation, ultrasound, laser and shock wave therapy). Other treatment options include acupuncture/dry needling that involves the insertion of disposable and sterile needles through the skin into targeted tissue structures.

It is the policy of Physiomobility to ensure each patient is educated about the benefits, side effects, and potential complications of each treatment option used by our therapists. I understand that the primary goals of my treatments are to help reduce my pain, improve my mobility, strength, endurance, my overall functioning and quality of life.

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 rely on my therapists' judgment to make decisions based on my best interests.

POTENTIAL SMALL BUT POSSIBLE RISK FACTORS

Manual Therapy: Joint and/or muscle soreness

Massage Therapy: Muscle soreness or slight bruising

Exercise Therapy: Joint and/or muscle soreness

Electrical Modalities: Minor skin irritations such as redness or rash

Therapeutic Taping: Minor skin irritations such as redness or rash

Acupuncture/Dry Needling: Minor soreness, bleeding, bruising, nausea, fainting, headache, and infection, possible perforation of internal organs and stimulation of labour in pregnant women.

*** I will immediately notify my therapist of any changes in my pregnancy or medical status.

*** I will have the opportunity to discuss with my therapist, the nature and purpose of all my treatments and I accept the fact that there is no guarantee to the effectiveness of the treatment. I am aware that I may withdraw this consent and discontinue my treatment at any time.

I consent to the assessment and treatment offered to me by my therapist. I intend this consent to apply to all my present and future care at Physiomobility. I consent that the health records collected by Physiomobility will be available to all health providers involved in my circle of care. (For more information about your health records please ask to view our Privacy Policy).

Patient/Guardian Signature

Patient Name (print)

Date

Physiomobility DON MILLS
 6 Maginn Mews, Suite 211
 Shops at Don Mills
 Tel: 416-444-4800
 Fax: 416-444-4811

Physiomobility THORNHILL
 8150 Yonge St. Suite 1
 Yonge & Uplands
 Tel: 905-731-6777
 Fax: 905-731-3336

Physiomobility
 HOME HEALTHCARE
 Central & North GTA
 Tel: 416-444-9547
 Fax: 416-444-4811

**Pain Management &
 Fibromyalgia Centre**
 211-A- 6 Maginn Mews
 Tel: 416-444-0699
 Fax: 416-444-4811