

## **INFORMED CONSENT FOR PHYSIOTHERAPY ASSESSMENT, TREATMENT, AND BILLING**

I hereby consent to physiotherapy assessment and treatment at Resolution Physiotherapy & IMS Clinic as described below:

Assessment & treatment at Resolution Physiotherapy & IMS Clinic will be provided by Physiotherapists who are university graduates, registered and in good standing with the College of Physiotherapists of Ontario, and who are qualified to provide the assessments and treatments listed in this document.

Physiotherapy assessment and treatment may include but are not limited to:

- Assessment of ROM, strength, flexibility, joint mobility, ligament stability, nerve mobility, myofascial mobility, neurological function, balance, pelvic floor function, vestibular function, pre-concussion cognitive baseline, post-concussion cognitive status,
- Treatment by mobilizing or manipulating spinal or peripheral joints, active or passive myofascial release, Gunn IMS (Intramuscular Stimulation), acupuncture, strengthening exercises, neurofascial mobilization, flexibility exercises, balance training, modalities including ultrasound, electrical stimulation, and interferential current.

I understand that the benefits of receiving Physiotherapy treatment may include but are not limited to:

- Pain reduction, improved function, improved mobility, reduced inflammation, increased strength, increased flexibility, improved balance and improved athletic performance.

I understand that temporary side effects and risks of physiotherapy assessment and treatment may include but are not limited to:

- Post treatment soreness, injury related to falls with exercise techniques, bruising, infection, numbness or tingling, allergic reactions, electrical shock and burns, and pneumothorax.

I understand that consequences of not receiving physiotherapy treatment may include but are not limited to a continued exacerbation of symptoms or no improvement of symptoms.

I understand that physiotherapy support personnel may assist my Physiotherapist during treatment sessions. These support personnel have the knowledge and training to perform tasks assigned to them by my Physiotherapist. I understand that I can request that no support personnel participate in my treatment if I wish to.

I understand that I have chosen physiotherapy treatment and that I have the option to choose treatment from other health care professionals, which may also improve my symptoms.

I understand that payment for physiotherapy services are my responsibility and are to be paid at each visit. If a third party payer (ie. Extended health benefits or MVA insurance company) denies or partially pays the amount billed, I am responsible for paying any outstanding balance.

I understand that Resolution Physiotherapy & IMS Clinic requires 24 hours notice to cancel a scheduled appointment and that I may be responsible for the full cost of the appointment if sufficient notice is not given.

I authorize release of my personal health information to and from Resolution Physiotherapy & IMS Clinic and my family Physician's office (whose name I have listed as part of client demographics).

I understand that I may withdraw consent to any component of the assessment or treatment at any time. I understand the explanation and have no further questions. My consent is voluntary.

***Please type your name and the date on our new client survey to indicate your consent.***

Thank you,

Resolution Physiotherapy & IMS Clinic.