

INFORMED CONSENT TO PHYSIOTHERAPY TREATMENT

I hereby authorize and grant permission to HILARY MCDERMOTT, a **PHYSIOTHERAPIST**, to carry out any assessment and examination, procedure, and treatments as may be necessary to assess and treat my condition or injury.

(please initial _____)

The above-named **PHYSIOTHERAPIST** agrees to provide me with understandable information on:

- My diagnosis, as known
- The treatment being suggested
- Significant risks, benefits of treatment, and possible alternatives to this treatment
- Reasonable additional procedures which may be necessary
- The potential risks of foregoing the suggested care

(please initial _____)

I hereby authorize and grant permission to the above-named **PHYSIOTHERAPIST** to communicate with any health care professional that rehabilitation of my condition may indicate

(please initial _____)

I hereby authorize and grant permission to the above-named **PHYSIOTHERAPIST** to release information regarding my condition and my ability to return to normal activity or work to my insurance company/employer/lawyer or their representative

(please initial _____)

I agree that email correspondence may occur with Endurance on 8th Health Centre and will hold Endurance on 8th Health Centre free of all liability for any actions/results/adverse situations created as a result of such correspondence.

(please initial _____)

I, _____ understand the conditions and information as verbally provided and voluntarily give my consent to the above authorizations.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____