



Physiotherapy & Wellness Centre

Informed Consent and Release of Information

First Name	Last Name	Date of Birth (DD/MM/YY)
Address	City	Postal Code
Cell Phone (Preferred <input type="checkbox"/> Y <input type="checkbox"/> N)	Home Phone (Preferred <input type="checkbox"/> Y <input type="checkbox"/> N)	Work Phone (Preferred <input type="checkbox"/> Y <input type="checkbox"/> N)
Email (I agree to receive appointment reminders and clinic updates <input type="checkbox"/> Y <input type="checkbox"/> N)		
Emergency Contact	Emergency Contact Number	How did you hear about our clinic
Family Doctor	Referring Doctor	Present/Previous Occupation

NOTE TO CLIENT We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question about any of this, please ask.

Consent for Treatment

Treatment techniques recommended to you may include, but are not limited to, manual techniques, spinal manipulation, therapeutic exercise, electrotherapeutic modalities, acupuncture, as well as other techniques and procedures your treating healthcare practitioner determines may improve your function. Your healthcare practitioner will explain the benefits, side effects and potential complications of each chosen technique before use.

I hereby give my consent for C.S. Physiotherapy & Wellness Centre to conduct a thorough assessment and receive follow up treatments.

INITIAL

If deemed appropriate by the healthcare practitioner, part of the treatment may involve a physiotherapy assistant/aid as described by the College of Physiotherapy of Ontario. This individual has been trained to perform modalities on clients after the healthcare practitioner assesses and determines the course of treatment.

At different times of the year C.S. Physiotherapy & Wellness Centre has supervised students as part of their clinical placements. All or part of your treatment may involve a supervised student with the guidance of a registered healthcare professional.

I hereby consent to the involvement of physiotherapy assistant/aids and supervised students in my treatment.

INITIAL

Consent for the cost of our Services

I agree that I have been informed of the costs of the assessment and follow-up treatments/services provided to me. C.S. Physiotherapy & Wellness Centre may be able to bill these services directly to your insurance company or a third party responsible for the payment. In the following circumstances you will be responsible to pay at the time of service or product purchased:

- When you do not have any insurance that will cover the product or service
- When your insurance carrier sends payment directly to you or requires that you pay and submit your expenses
- When your coverage does not pay 100% or has been used up (you are responsible for the full remaining balance)

I agree to the information set out above regarding costs of services.

INITIAL

Consent for Personal Information

C.S. Physiotherapy & Wellness Centre collects, uses, discloses, retains and disposes of your personal information in compliance with federal and provincial privacy legislation and applicable college regulations. All staff members who come in contact with your personal information have signed a confidentiality form and have been trained in the appropriate use and protection of your information. We use and disclose your personal information in the following ways:

- To assess your health concerns, advise you of options and provide healthcare
- To communicate with other treating healthcare providers, including your physician
- To obtain diagnostic test results pertinent to the condition for which you are seeking treatment
- To allow us to efficiently follow-up for treatment, care and billing via phone, email, addressed mail and voicemail
- To establish and maintain contact with you
- To complete claims for insurance purposes
- To invoice for goods and services
- To collect unpaid accounts and process credit card payments
- To comply with the law
- To contact you from time to time during treatment and post-treatment about new services, changes to services, special offers, surveys, clinic updates and other opportunities, by phone, email or addressed mail and voicemail

I hereby consent to C.S. Physiotherapy & Wellness Centre collecting, using and disclosing personal information about me as set out above.

INITIAL

Cancellation Policy

24 hours advanced notice for any cancellations is required. C.S. Physiotherapy & Wellness Centre reserves the right to charge a missed appointment fee of \$25.00.

I have read and understand the details outlined in this document.

Patient Name (Please Print)

Patient Signature (or Legal Guardian)

Date