



Junction Rehabilitation
Consent for Physiotherapy Assessment and Treatment

I, _____, consent and authorize my therapist to evaluate me and to administer physiotherapy treatment. I understand and am informed that, as in the practice of medicine, physiotherapy may have some risks. The physical response to assessment and treatment varies and cannot always be predicted, as every client is different. I understand that I have the right to ask about these risks and to have any questions answered prior to treatment. In addition, I understand that I have the right to decline or withdraw consent at any time.

I understand that all of the information on my health history is confidential and is required by my therapist so that the most effective and beneficial treatment is given. I must therefore notify my therapist of any changes in my health status and medications so that the health history is kept up to date.

I understand that the practice of physiotherapy is not an exact science and that no guarantees have been made to me as a result of treatments or examinations by the physiotherapist. I understand that no contract, guarantee, warranty or promise concerning the results of the therapy is made.

During your physiotherapy evaluation, it is often necessary to expose and touch the area in need of treatment. Every effort will be made to preserve modesty and comfort. Please communicate with your therapist if you have any concerns during treatment.

No Show/Cancel/Late Policy: We require **24 hours notice** to cancel or reschedule an existing appointment. Cancellations with less than 24 hours will result in a **\$30.00 fee. Full treatment fees will be charged for appointments missed without notice.** If you are late for your appointment, the therapist will accommodate you to the best of their abilities during the remaining allotted time.

By signing below, I acknowledge that I have read, understood, and agree to the information printed above.

Client/Guardian Signature

Date

Witness Signature

Date