

CONSENT FOR PHYSIOTHERAPY ASSESSMENT AND TREATMENT

Please read the following guidelines carefully.

It is possible that your pain will increase during the evaluation because of the activities or tests you will be performing. We will take every precaution to make the evaluation as safe as possible for you so that you do not become further injured.

1. Some pain may be normal when you perform activities, but this does not mean that you have been injured. Since you are the one that feels the pain, you must determine how much pain you have throughout the evaluation by using a pain rating scale.
2. We do not expect you to perform activities that increase your pain to a level that you feel unsafe or undesirable for you. We will not ask you to continue any test that is increasing your pain or that you feel is unacceptable for you.

It is important that you give your best effort during every test so we can determine how your injury is affecting your ability to do work or your activities of daily living.

I understand the above instructions and agree to participate in the assessment to the best of my ability. I have been informed by the assessor what to expect out of the assessment. I am aware that either my insurer or I am responsible for payment of this assessment. I am aware of the costs associated with this assessment. I understand that I am to inform the evaluator of any increases in pain that I may feel. I understand that I can stop any activity that increases my pain past a level, which I am willing to tolerate. I agree to waive any and all legal liability against the assessor and assessment centre for any increases in pain or re-injuries that may occur during this evaluation.

Physiotherapy involves many different types of physical evaluation and treatment. As with all forms of medical treatment, there are benefits and risks involved with physiotherapy. The physical response to treatment varies and cannot always be predicted as every individual is different.

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

The therapist will explain your physiotherapy diagnosis and discuss treatment recommendations with you. Physiotherapy, as with any type of medical care, is the most effective if you participate according to the treatment plan agreed upon with your therapist. If at any time you have questions regarding treatment and services provided, please do not hesitate to talk to your therapist.

- I authorize the release of all necessary information to my insurance company in regards to my care and/or status.
- I have read this form and agree to all consent regarding physical therapy evaluation and treatment.
- I agree to have the treatment sessions conducted by the Physiotherapy Assistant.

(Claimant Name)

(Claimant Date of Birth)

(Claimant Signature)

(Date)

(Witness)

(Date)