**CONSENT TO PHYSIOTHERAPY ASSESSMENT AND TREATMENT**

I hereby consent to the initial assessment provided by the Physiotherapist and to the subsequent treatment for the purpose of my rehabilitation.

I have been told about the following:

* What the treatment is;
* Who will be providing the treatment
* The reasons why I should have the treatment;
* The alternatives to having the treatment;
* The important effects, risks and side-effects of the treatment and the alternatives to the treatment; and
* What might happen if I do not have the treatment

I understand the explanation and have no further questions.

I understand that to provide me with physiotherapy services, the physiotherapist will collect some personal information about me, including date of birth, address, referring physician, health history and previous treatment.

My consent is voluntary.

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| Name |

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| Signature |  | Date |