

Physiotherapy Informed Consent:

I have received information about the proposed Physiotherapy services, alternative courses of action, benefits, risks and side effects of the services and the consequences of not having the proposed services. I intend this voluntary consent to apply to all my present and future physiotherapy care and examinations with Mr. Santosh Yadav, Physiotherapist.

I understand and inform that, as in all health care, in the practice of physiotherapy there are some risks to treatment.

Physiotherapist who uses manual therapy techniques such as mobilizations/ manipulation are required to advise patients that there are / or may be some risks associated with such treatment. In particular, you should note:

- While rare, some patients have experienced muscle and ligament sprain / strains or rib fracture following mobilization/ manipulation.

I wish to rely on the clinician to exercise judgement and treatment approaches during procedure which he/she feels at the time based on the facts then know is my best interest.

I acknowledge, I have discussed and had the opportunity to ask questions with my Physiotherapist and / or clinic personnel, the nature and purpose of Physiotherapy series in general and other procedures regarding my treatment (mobilization/ manipulation/ electrotherapy) as well as the contents of the consent.

I have read the above consent and inform to cover the entire course of treatment for my present condition for which I seek treatment.

Dated this _____ day of _____, 202__ in the city of Hamilton.

Patient Name: _____

Signature: _____

Physiotherapist: Santosh Yadav

Signature: _____