

INFORMED CONSENT TO PHYSIOTHERAPY TREATMENT/ASSESSMENT

I hereby authorize and grant permission to Sandra Seto, a Physiotherapist, to carry out any assessment and examination, procedure, and treatments as may be necessary to assess and treat my condition or injury.

(please initial _____)

Sandra Seto agrees to provide me with understandable information on:

- My diagnosis, as known
- The treatment being suggested
- Significant risks, benefits of treatment, and possible alternatives to this treatment
- Reasonable additional procedures which may be necessary
- The potential risks of foregoing the suggested care

(please initial _____)

I hereby authorize and grant permission to Sandra Seto and Endurance on 8th Health Centre (the “clinic”) to communicate with any health care professional that rehabilitation of my condition may indicate

(please initial _____)

I hereby authorize and grant permission to Sandra Seto and the clinic to release information regarding my condition and my ability to return to normal activity or work to my insurance company/employer/lawyer or their representative

(please initial _____)

I agree that email correspondence may occur with Endurance on 8th Health Centre and will hold Endurance on 8th Health Centre free of all liability for any actions/results/adverse situations created as a result of such correspondence.

(please initial _____)

I understand that 24 hours notice for any change or cancellation to my appointment is required. Endurance on 8th Health Centre reserves the right to charge at least 50% of the regular fee for any missed or cancelled appointments with less than 24 hours advance notice.

(please initial _____)

I, _____ understand the conditions and information as verbally provided and voluntarily give my consent to the above authorizations.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Sandra Seto: _____ Date: _____