

Physiotherapy Consent and Policy Form

I, _____ (or guardian), hereby give permission to the
Keenan Health Centre to:

1. Treat me with a program of physiotherapy which has been explained to me, which I acknowledge and understand.
2. Give permission to have a physiotherapy assistant apply heat/cold or modalities under the supervision of a physiotherapist.
3. Contact doctor(s) to report or gather information on my diagnosis, treatment plan and progress.
4. I am aware that the physiotherapy treatments are not covered by OHIP. I will be requested to pay immediately following the treatment.
5. I understand that any information obtained regarding my present condition and medical history will be kept confidential.
6. I am aware of the clinic policy that I will be billed for a physiotherapy appointment not cancelled within 24 hours notice unless there is an emergency.

Signature of patient (or guardian) _____ Date: _____