



Informed Consent for Physiotherapy at The Jane Harris Clinic

Dear Patient

Thank you for choosing The Jane Harris Clinic for Physiotherapy Care.

Physiotherapy involves physical evaluation and treatment. As with most forms of medical intervention, the response to individual treatment varies and cannot always be predicted as each person's condition is unique to him or her.

Please read the following information for your safety and comfort during your visit with us. Like you I regret all the paperwork and regulations. However they are in place to safeguard you and make sure that both you as a patient, and we as professionals, can have a problem free working relationship.

I.....understand that:

- 1) I am attending the Jane Harris Clinic for physiotherapy assessment, evaluation and treatment. This will consist of a history taking, movement analysis, various tests and measurements.
- 2) Treatment recommendations may include, but are not limited to advice, manual therapy, electrotherapy, education, exercise and / or onward referral if necessary.
- 3) The exercise may include, general movements, strength and conditioning work, and self-treatment at home.
- 4) The Physiotherapist will explain the most recent research and clinical reasoning behind the treatment interventions, inform me of any potential risks, and options I have for alternatives.
- 5) I can ask my Physiotherapist questions at any time
- 6) I can stop my assessment at any time.
- 7) I am entitled to a chaperone at my session, should I feel the need.
- 8) I have read, understood, and had the opportunity to discuss the Patient Informed consent document with My Physiotherapist
- 9) Cancellation Policy: - Clients are required to give 24 hours advanced notice of their inability to attend, otherwise they will be charged in full for the appointment they fail to attend. This policy is deemed necessary to avoid denying appointments to patients who may be on the waiting list
- 10) Important Note. I understand and accept it is my responsibility to ensure prompt settlement of any fees and not that of a medical insurance company or third party, and if for whatever reason, my medical insurance company or third party do not pay my fees within 30 days I will be asked to pay The Jane Harris Clinic directly.

My Signature below indicates my understanding of all of the above information.

Printed name:

Signature

Date

If under 16 years of age, this consent form must be completed by a parent should