



ellephysio Patient Consent Form

NOTE TO CLIENT

We want your informed consent. This means that we want you to understand the services we hope to provide to you, the risk involved in exercise participation, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR PHYSIOTHERAPY TREATMENT

I certify that the demographic and health history information I have provided is correct. I understand that there are risks involved in participating in any exercise program. I certify that I have been cleared by my doctor to participate in an exercise program that includes physical strain and exertion. I assume all such risks by requesting entry into this physiotherapy program. I consent to evaluation and treatment. I consent to the use of photography as an evaluation tool, to demonstrate exercises and document progress. INITIALS _____

CONSENT FOR ADVANCED SOFT TISSUE THERAPY OR MASSAGE THERAPY

I understand that Massage Therapy involves manipulation of the soft tissues, and joints in order to maintain, rehabilitate, improve physical function, or relieve pain. As a new client, I realize that time will be spent on discussion my health history with the therapist. To ensure a safe and proper treatment, assessments will be necessary. This initial assessment will be done during the scheduled time. The Massage Therapist will, to the best of their ability, undrape only the area to be massaged, providing draping comfort, warmth, security, and privacy as requested. I further understand that at any time before, or during the treatment, the Therapist will respect my communication that I will not be touched in any particular region of my body, or that I wish to stop or modify treatment. INITIALS _____

CANCELLATIONS / LATENESS

24 hour notice is required in the event of all treatment cancellations. Any appointments cancelled within less than 24 hours notice will result in a late cancellation fee of \$25. This cancellation fee is not coverable by private insurance. In case of lateness, your treatment time will be reduced appropriately, and the full treatment charge will apply. INITIALS _____

CONSENT FOR THE COST OF OUR SERVICES

Payment is due at the time services are provided either by cash, interact debit, Visa, or MasterCard. Please refer to the ellephysio website or enquire at the front desk for a current price list.

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with any of the above services, ellephysio will collect some personal information about me (e.g., home telephone number, address, health history, social history).

I have reviewed the ellephysio Privacy Policy via electronic means (available on the website) about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction. I understand that, as explained in the Privacy Policies and Procedures for Personal Information, there are some rare exceptions to these commitments. I understand that I can request a hard copy of the Privacy Policy.

I agree to ellephysio collecting, using and disclosing personal information about me as set out above and in the ellephysio Privacy Policy. I understand that ellephysio does not sell any information pertaining to any clients, including myself.

I consent to allowing ellephysio, and its practitioners, to discuss the health information collected during my evaluation and ongoing treatment, my progress, changes in my condition, and treatment plan of care with referring practitioners, other allied health professionals and fitness professionals for the purpose of coordinating care and optimizing treatment outcome.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

D.O.B. _____