



**LONDON
BACK PAIN
CLINIC**
Free Yourself

Physiotherapy Consent Form

Physiotherapy is a patient care service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, colour, ethnicity, creed, national origin, or disability.

The purpose of physiotherapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.

Response to physiotherapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. London Back Pain Clinic does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physiotherapy treatment may result in aggravation of existing symptoms and may cause pain or injury.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physiotherapist about the treatment they have planned based on your individual history, physiotherapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physiotherapy and agree to fully cooperate, participate in all physiotherapy procedures, and comply with the established plan of care. I authorise the release of my medical information to appropriate third parties.

Consent I consent to the assessment and treatment recommended and performed by the practitioner at London Back Pain Clinic in accordance to the with the governing body's professional guidelines. This may include mobilisations, manipulation, manual therapy techniques, soft tissue massage, acupuncture, electrotherapy modalities or exercise therapy. I understand the before any treatment is carried out, a full explanation of the purpose and any risks of that treatment, then i am entirely within my right to do so and that i should inform the clinician of my wishes at the time. By signing the overleaf i am in agreement with these conditions.

Chaperone You are entitled a chaperone at your session. I understand that if I would like one I will inform my treatment practitioner to arrange.

Medical Conditions Do you have any medical conditions the clinician is required to know about such as, Diabetes, Epilepsy, Heart conditions, High blood pressure, Pacemaker, Metal implants and pregnancy.

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 London Back Pain Clinic directly. By signing below i am agreeing to these conditions.

Cancellation Policy Clients who book at London Back Pain Clinic 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.

Data protection All the information collecting during the course of your assessment and treatment at London Back Pain Clinic will remain strictly confidential under the terms of the data protection act.

Name:

Signature:

Patient: Parent: Guardian:

Date:

Witness Name:

Witness signature:

Date: