

**Consent to Treatment Form:**

**When you attend Physiotherapy, you may be assessed and treated with hands on techniques including soft tissue and joint mobilizations. Treatment may also include stretching and strengthening exercises, and education on proper body mechanics and posture. You may be treated with modalities that include acupuncture or acupuncture dry needling. Please make sure that you discuss with me if you have questions or concerns about any of the assessment or treatment procedures that may be carried out. You may withdraw consent for any procedure at any time by informing me. By signing below, you agree that you understand and consent to treatment. You may inform me at anytime if that consent changes.**

**I, \_\_\_\_\_, consent to physiotherapy assessment and treatment by Angela Simpson or Marnie Tocheniuk or Kar Morgan**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:**

**Date of Birth:** \_\_\_\_\_

**Phone Number (home):** \_\_\_\_\_ **(cell/work):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
**Medical History: (ie. surgeries, injuries, medical conditions, cancer, pacemaker, allergies)** \_\_\_\_\_

\_\_\_\_\_  
**Current Medications:** \_\_\_\_\_

**Emergency Contact (name and phone number):** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Main Reason for Seeking Physiotherapy:** \_\_\_\_\_

\_\_\_\_\_  
**X-rays, or other imaging regarding current injury or condition:**

\_\_\_\_\_  
**How did you hear about Angela Simpson Physiotherapy? (this is optional to answer)**

\_\_\_\_\_