



Informed Consent for Physiotherapy and Massage

Please check the appropriate boxes.

- I hereby consent to the performance of physiotherapy assessment and treatment (which may include acupuncture), or massage therapy by a registered professional at uthrive.
- I will have the opportunity to discuss (within practitioners' designated scope of practice) with the registered professional the nature and purpose of the treatment procedures. I understand that results are not guaranteed.
- I do not expect the health professional to be able to anticipate and explain all risks and complications.
- I agree to keep the registered professional updated as to any changes in my medical profile and understand that the registered professional is not liable if I do not.
- I wish to rely on the professional staff to exercise judgement during the course of the procedure(s), which they feel at the time, based upon the facts, then known, is in my best interests.
- I have read the above consent, and I agree to have the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment at this clinic.

Patient's name (please print)

Signature of patient (or parent/guardian)

Witness to above signature(s)

Date signed

ACUPUNCTURE (please fill out below if receiving acupuncture)

- I further understand and am informed that, as in all health care, there are some very slight risks to treatment including but not limited to: bruising, temporary aggravation of symptoms, nausea or fainting.
- On rare occasions with acupuncture there is a risk of a broken needle, bacterial infections, convulsions, strokes, worsening of migraine headaches, asthma attacks, bleeding, and possible perforation of internal organs. In the case of pregnancy, a risk of fetal distress with acupuncture is possible if the practitioner is not notified.
- I have been advised that only single use, sterile, disposable needles are to be used. All acupuncture needles are properly disposed of after each and every treatment.

Patients name (please print)

Signature of patient