



Physio in the Six
PHYSIOTHERAPY CONSENT TO TREATMENT

I hereby consent to the assessment and treatment performed by the Registered Physiotherapist named below.

I understand that treatment may include treatments for therapeutic, preventative, palliative, diagnostic, cosmetic, or other health related purposes.

I understand that I may rescind or amend this consent in writing.

I further understand that the clinical, psychological and any other information which is gathered during the course of my treatment is confidential, but may be shared with my insuring agents, third party payers and/or physician(s) upon request.

I have read the above consent, and I have had the opportunity to ask questions about its content. This consent will cover the physiotherapy assessment and entire course of treatment.

Patient's Name (*Please print*)

Physiotherapist's Name (*Please print*)

Date of Birth: (*dd/mm/yyyy*) ____/____/____

Signature of Patient

Date Signed

The Health Information Custodian of this chart is Physio in the Six.

Physio in the Six
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