



310 Main Street East, Suite 108, Milton, Ontario L9T 1P4
Phone Number: (905) 876-8885 Fax Number: (905) 876-0881

Consent For Treatment

I, _____ of my own free will and volition give permission to be assessed and examined by a registered physiotherapist, and treated in conjunction with trained physiotherapist Assistant, whose work is supervised by a Registered Physiotherapist or other medical practitioner.

My Rehabilitation plan which may include Physiotherapy and Massage treatment has been discussed with me and I am fully aware of the benefits, risks and possible side effects of the proposed treatment. I therefore, give my consent to the proposed treatment and I understand that my treatment may change from time to time at my health professional's direction.

I authorize OMNI Health & Rehab Clinic to obtain/release relevant clinical information from/to any of the organizations / individuals they deem fit. I understand that such information may be needed for my rehabilitation and facilitation of my recovery.

I understand I am solely responsible for the charges incurred at the clinic. In the event that my insurance company pays me directly for the treatment rendered to me at OMI Health & Rehab Clinic, I will directly be responsible for reimbursing OMNI Health & Rehab Clinic the full amount owed.

I further understand that, as in all health care, in the practice of the aforementioned therapy or exercise program that there are some risks to treatment including, but not limited to, muscle strains and sprains/aggravation of my complaint. I do not expect they therapist, doctor or clinic personnel to be able to anticipate and explain all risks and complications to myself, and I wish to rely on the therapist, doctor or clinic personnel to exercise judgement during the course of the procedures, which they feel at the time and based upon the facts then known, is in my best interests.

I have read the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree the above-mentioned therapy procedures or exercise program. I intend this consent form to cover my entire course of treatment.

I provide my full voluntary informed consent to be treated and assessed at OMNI Health & Rehab Clinic.

Patient / Parent or Guardians Signature

Date Of Signature