



Box 2410 Humboldt, SK S0K 2A0
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CONSENT FOR PHYSICAL/EXERCISE THERAPY TREATMENT

Physical therapy services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability. The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures including, but not limited to, mobilization, massage, exercises, spinal traction, and physical agents. Physical therapist's main goal is to aid the client in achieving their maximum potential within their capabilities and to accelerate recovery. All procedures will be thoroughly explained to you before they are performed.

Response to physical therapy intervention varies from person to person. Therefore, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Humboldt Therapy Center (HTC) 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 physical therapy treatment may result in a temporary aggravation of existing symptoms and may cause pain or further injury. Other risks may include, but not limited to, temporary bruising, headaches, tenderness, and swelling.

Should you feel any discomfort, pain or have other unresolved concerns, it is your right to decline any part of your treatment at any time. It is your right to ask your physical therapist about the treatment they have planned and/or to discuss the potential risks and benefits involved in your treatment.

I, _____, have read this consent form and fully understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care. I, or myself, my heirs and assigns, hereby release HTC from any claims, demands and causes of actions arising from my participation in these physical and exercise therapy treatments. **I am aware of and understand that a \$25.00 fee will be charged to all clients (private, WCB, and SGI) for short notice cancellation (less than 24 hours notice) and a \$50.00 fee will be charged for a missed appointment.**

(signature of client)

(date)

(signature of parent or guardian if applicable)

(signature of witness)