

Informed Consent:

I understand the terms and conditions associated with my assessment and treatment at Victoria Exercise and Rehabilitation Centre (VERC) as explained to me and do voluntarily give my consent to the assessment and treatment. I have received information about the proposed manual and therapy and active rehabilitation services, alternative courses of action, the benefits, risks and side effects of the services and the consequences of not having the service proposed. I wish to rely on the clinician to exercise judgment during the course of the procedure that he/ she feels at the time, based upon the facts he/ she then knows, is my best interest. My clinician has responded to all my requests for other information about the services proposed.

Initials: _____

Associated Risks:

I have been informed of the potential risks associated with manual therapy treatment. They include, but are not limited to burns from modalities, redness, increased discomfort, re-injury, muscle sprains and strains, and fractured bones. I understand that I may have increased soreness following treatment and will inform the therapist immediately of any concern.

Initials: _____

Treatment:

I understand that the program has been designed and will be continued to be monitored by my Physiotherapist/ Athletic Therapist/ Kinesiologist. I consent to the treatment to be completed by the above therapist.

Initials: _____

Patient Name

Patient Signature/
Guardian Signature

Date