

# Physiotherapy Intake and Consent

NAME: \_\_\_\_\_

Please briefly describe your reason for seeing Physiotherapy:

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## **CONSENT TO TREATMENT:**

### **Benefits:**

Primary goals of physiotherapy treatments are to help reduce pain and improve performance, mobility, strength, endurance, function, and quality of life. In order to achieve these goals, it is necessary for your physiotherapist to perform a physical assessment to enable them to develop an individualized treatment plan.

### **Risks:**

Physiotherapy treatments may include an individualized exercise prescription and various forms of manual therapy techniques such as mobilization, manipulation, soft tissue release and stretches.

### **DRY NEEDLING/INTRAMUSCULAR STIMULATIONS (IMS):**

Intramuscular stimulation (IMS) is a valuable treatment for chronic pain that uses fine flexible needles to release shortened bands of muscle caused by abnormal functioning of the nervous system. Similarly to acupuncture, any time a needle is used there is a risk of infection, bleeding or bruising, nausea, fainting, stuck or bent needles, and possible perforation of internal organs. However, physiotherapy uses safe and sterile needling techniques to reduce any adverse effects.

### **ALTERNATIVES:**

Alternatives to physiotherapy treatment may include other health professionals. Your physiotherapist may also prescribe rest without treatment.

### **QUESTIONS OR CONCERNS:**

You are encouraged to ask questions at any time regarding your assessment and treatment. Bring any concerns you have to the physiotherapist's attention. If you are not comfortable, you may stop treatment at any time. Please be involved in and responsible for your care. Inform your physiotherapist immediately of any change in your condition.

### **CONSENT:**

I grant permission to the physiotherapist to perform an assessment with the purposes of formulation an individualized patient-centered treatment plan. They will provide me understandable information on my clinical findings, short and long term goals, the treatment being suggested, significant risks, benefits of treatment, possible alternatives to this treatment and the potential risks of forgoing care which I hereby acknowledge that I have discussed this with the physiotherapist.

PATIENT SIGNATURE: \_\_\_\_\_

DATE:

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