

PHYSIO atelier

Informed Consent Form

Physiotherapy treatment is generally an effective and safe form of treatment however, like most interventions along with the sought benefits there are possible side effects, and responses to treatments are unique to each individual. This form is to make you aware of what your rights are and how we address the issue of collaborative decision making and informed consent between physiotherapist and patient.

It is part of our duty that all physiotherapists will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. Some therapy techniques such as therapeutic massage, joint manipulations, traction/distraction or mobilisations have a minute risk of causing injury. Injury may be caused to structures including, but not limited to; nerves, bones, muscles, ligaments, intervertebral discs or arteries. The use of tape or massage mediums may cause irritations or allergic reactions on the skin of some individuals. Where possible, hypoallergenic tapes and massage mediums will be used to further reduce the risk of this occurring. Dry Needling and the use of acupuncture needles, along with the aforementioned techniques can occasionally cause localised swelling, bruising, or transitory increase in the levels or distribution of pain or other symptoms.

You may choose to consent or refuse any form of treatment for any reason including religious or personal reasons and are encouraged to communicate any concerns with your physiotherapist. Once you have given consent, you may withdraw that consent at any time.

Questions of a personal nature: Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the physiotherapist can provide an effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with particular questions, please let the physiotherapist know and they will cease. Our staff adheres to the privacy and confidentiality act, but also understands the trusting relationship that is required for such disclosure of your personal information, and endeavour to treat this material with the upmost respect.

Physical contact: During the examination, assessment and treatment it may be necessary for your physiotherapist to make physical contact. Your physiotherapist will ask your permission before making physical contact in any way. You may withdraw consent at any time at which point, all physical contact will cease immediately. Please inform your physiotherapist if you feel uncomfortable at any time.

WRITTEN CONSENT: I _____ (print full name) have read and fully understand the above form. I agree to the content of this form and give my written consent, valid until such time as I communicate the withdrawal of my consent.

Signed _____ Date _____