



10 Falconer Drive, Unit 2, Mississauga, ON L5N 3L8, Phone: 905-997-8337

During the initial physiotherapy and or/chiropractic visit, and subsequent visits, it will be necessary to expose and touch the area in need of treatment and surrounding areas as deemed as necessary by the practitioner. Every effort will be made to preserve modesty and keep you comfortable. Please communicate to your practitioner if you have any concerns during the assessment and subsequent visits.

Elite physio Chiropractors and or/physiotherapists may use manual techniques such as spinal mobilizations, manipulations and or/muscle release techniques, laser or ultrasound therapy, where each individual technique or modality carries its own potential risks which will be discussed with you prior to your treatment. In particular you should note:

- a) With treatments, some patients may experience short-term aggravation of the area treated and some techniques, although rare, may result in tissue strains or sprains.
- b) There are reported cases of stroke with visits to medical doctors and/or chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke, rather recent studies indicate that patients may be consulting medical doctors and/or chiropractors when they are in the early stages of a possible stroke. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote.
- c) There are rare reported cases of disc injuries following cervical and lumbar spinal adjustments, although no scientific evidence has demonstrated such injuries are solely caused by spinal adjustments.
- d) There are infrequent reported cases of skin irritation and/or burns in association with the use of some types of therapeutic modalities, such as ultrasound and medical laser.
- e) Various manual muscle and exercise therapies are sometimes associated with post treatment soreness. This is a normal and acceptable response to treatments as the affected tissues are being stressed. While these are common signs and symptoms associated with treatments, please advise your practitioner if you have any soreness lasting more than 48 hrs.

By signing this, you the undersigned consent to physiotherapy and/or chiropractic evaluation and therapy as deemed appropriate by the practitioner. You also have the right to decline treatment in part or in whole at any time. The practitioner will discuss with you your diagnosis and treatments, at which point any questions or concerns you may have can be addressed.

**By reading and initializing the 3 statements below you acknowledge that you fully comply to the clinics requirements**

\_\_\_\_\_ I authorize any information I have provided may be shared with any practitioner working within Elite Physio.

\_\_\_\_\_ I agree to pay \$25.00 for any missed or cancelled appointment within 24 hrs without a **reasonable excuse**.

\_\_\_\_\_ I authorize Elite Physio to be able to share my treatment progress and medical information with 3<sup>rd</sup> parties (e.g. doctors, lawyers, insurance)

Patient Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_