



# Cambridge Physiotherapy & Rehab Center

## PHYSIOTHERAPY CONSENT FORM

I \_\_\_\_\_ do hereby consent to the assessment & ongoing treatment for Physiotherapy / Rehab services at Cambridge Physiotherapy & Rehab Center. My service provider will be those that work in the above mentioned establishment to whom I authorize the review of my personal medical records and give permission to communicate, or consult, with other healthcare professionals with relevant information, as it applies to my rehabilitation process. I have been told of any alternative services available and that any changes made in my service(s) will be discussed with me prior to treatment. I am aware of any risks involved during the assessment & treatment session(s).

I authorize treatment(s) to be administered by appropriate support personnel / assistants under the direction of the Registered Physiotherapist. I intend this consent form to cover the entire course of my treatment program at Cambridge Physiotherapy & Rehab Center.

I have read & understood the above consent and have had the opportunity to clarify any doubts about its content. By signing below I agree to the above consent statements

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mm/yyyy)

Substitute Decision Maker, Relationship / Name: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name of service provider

\_\_\_\_\_  
Signature/Designation  
of service provider

\_\_\_\_\_  
Date (dd/mm/yyyy)