PHYSIOTHERAPY CONSENT TO ASSESSMENT AND TREATMENT

I consent to receive physiotherapy assessment and treatment at Lime Health & Wellness.

I understand that my physiotherapy treatment plan will be individualized based on my assessment findings and goals. Treatment may include, but is not limited to:

- Manual therapy, including joint and soft tissue techniques
- Therapeutic exercise and rehabilitation
- Education and self-management strategies
- Functional training
- Electrotherapy and other therapeutic modalities
- Heat or cold therapy
- Taping or bracing
- Mechanical traction
- Spinal manipulation or mobilization, where clinically appropriate
- Acupuncture
- Intramuscular Stimulation (IMS) / Dry Needling
- Shockwave Therapy
- Cupping
- Vestibular or concussion rehabilitation
- Other physiotherapy techniques considered appropriate by my physiotherapist.

I understand that:

- My physiotherapist will explain the purpose, expected benefits, material risks, and reasonable alternatives for any recommended treatment before it is provided.
- Some treatments, such as spinal manipulation, acupuncture, IMS/dry needling, and shockwave therapy, involve additional risks and considerations. My physiotherapist will discuss these with me and answer any questions before these treatments are performed.
- I am responsible for informing my physiotherapist of any changes to my health, medications, pregnancy status, implanted medical devices, bleeding disorders, allergies, or any other medical condition that may affect my care.
- I have the opportunity to ask questions at any time.
- I may refuse or withdraw my consent for any assessment or treatment, or any specific treatment technique, at any time without affecting my right to receive other appropriate physiotherapy services.

I acknowledge that no guarantees have been made regarding the outcome of my treatment.
By signing below, I confirm that I have had the opportunity to ask questions, understand the information provided, and consent to physiotherapy assessment and treatment. I understand that consent is an ongoing process and will be confirmed throughout my course of care.

Client Printed Full Name Client Signature Full Name

Treatment Plan & Appointment Commitment

My physiotherapist has discussed my assessment findings, recommended treatment plan, expected frequency of visits, and the importance of attending appointments and completing my home program to help achieve the best possible outcomes. I understand that my treatment plan may be adjusted as my condition changes and that I am encouraged to ask questions or discuss any concerns with my physiotherapist at any time.

Because appointments are reserved exclusively for me, I understand that missed or late-cancelled appointments may delay my recovery and reduce availability for other clients. I acknowledge that I have reviewed and understand Lime Health & Wellness's Attendance and Cancellation Policy and agree to comply with its terms. **Client Initials: _____**