



Brooklin Village Physiotherapy

“It Takes A Village.....”

INFORMED CONSENT FOR MASSAGE THERPAY

I hereby request and consent to the service of massage therapy assessment and treatment and other massage procedures, including various modes of remedial exercise and hydrotherapy, on me by the registered massage therapist.

I understand that I will have an opportunity to discuss with the massage therapists and/or with other office or clinic personnel, the nature of massage therapy treatment and other procedures. I understand the results may not be guaranteed. I am informed that, as in all health care, in the practice of massage therapy there are some very slight risks to treatment, including, but not limited to, muscle strains and sprains, bruising, light headed or dizziness, and tenderness.

I understand that I will be draped at all times and the areas undraped will be secure to ensure there is no indecent exposure. If undraping my gluteals is significant in the treatment, I do understand that it is part of the therapy and a sensitive consent will be signed.

I am informed that I have the right to terminate the treatment at any time, and the right to alter the therapist's pressure during the massage treatment. I am aware there are further alternatives offered such as chiropractic, acupuncture and physiotherapy.

I have read the above consent. I have also had an opportunity to ask questions about its consent, and by signing below, I agree to the above named procedures. I intend this consent form to cover the entire course of the treatment for my present condition and for any future condition(s) for which I seek treatment.

Dated this _____ day of _____, 20_____.

Patient / Legal Guardian Name: _____ Patient / Legal Guardian Signature: _____

Witness Name: _____ Witness Signature: _____

Payment and Cancellation Policy

Brooklin Village Physiotherapy is NOT covered through OHIP.

Payment will be due on the day of treatment and can be made by VISA, MasterCard, debit, cash or cheque.

We require 24 hours notice for canceling appointments. Insufficient notice or missed appointments (no shows) may result in a cancellation fee of \$25.00 per instance, which is not covered by your insurance plan.

Please sign below to accept these conditions:

Patient's Signature: _____ Date: _____

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