

Lawrence Park Health and Wellness Clinic

ATHLETIC THERAPY CONSENT TO TREATMENT

I understand that my athletic therapist is providing athletic therapy services within their scope of practice as defined by Canadian Athletic Therapy Association. I hereby consent to my therapist to treat me with athletic therapy for the above noted purposes including such assessments, examinations and techniques which may be recommended, by my therapist.

I acknowledge that my athletic therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that athletic therapy is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge and understand that my therapist must be fully aware of my existing medical conditions. I have completed my medical history form as provided by my therapist, and disclosed to my therapist all of those medical conditions affecting me. It is my responsibility to keep my athletic therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I further understand that the clinical, psychological and any other information which is gathered during the course of my treatment is confidential, but may be shared with my insuring agents, third party payers and/or physician(s) upon request.

I have read the above consent, and I have had the opportunity to ask questions about its content. This consent will cover the athletic therapy assessment and entire course of treatment.

Cancellation Policy:

All athletic therapy appointments cancelled without 24 hours notice will be charged for the full session.

Khanh Vy

Patient's Name (*Please print*)

Athletic Therapist's Name (*Please print*)

Signature of Patient

Lawrence Park Health and Wellness Clinic

2781 Yonge Street

Toronto, Ontario M4N 2H8

Canada

Date Signed