

Lawrence Park Health and Wellness Clinic

PHYSIOTHERAPY CONSENT TO TREATMENT

I hereby consent to the assessment and treatment performed by the Registered Physiotherapist named below.

I understand that treatment may include treatments for therapeutic, preventative, palliative, diagnostic, cosmetic, or other health related purposes.

I understand that I may rescind or amend this consent in writing.

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 physiotherapy assessment and entire course of treatment.

Cancellation Policy:

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

Clarence Lau

Patient's Name (*Please print*)

Physiotherapist's Name (*Please print*)

Signature of Patient

Date Signed

Lawrence Park Health and Wellness Clinic

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