



PHYSIOTHERAPY PILATES PELVIC FLOOR REHAB SPORTS INJURIES  
ABN: 62 947 807 477

## INFORMED CONSENT FORM

The physiotherapists in this practice will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent to, or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time.

**Please read and sign the following:**

### Questions of a personal nature

Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. It is your choice what information you choose to provide.

### Physical contact

During the examination, assessment and treatment it may be necessary for your physiotherapist to make physical contact. Your physiotherapist will ask your permission before making physical contact with you in any way.

### Risks related to treatment

As with all forms of treatment, there are risks and benefits. The physiotherapist will discuss any foreseeable risks with you prior to administering treatment. In some cases, the physiotherapist may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved.

### Children and minors

Consent from a custodial parent is required to treat a minor.

### Substituted Consent

Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

### Sharing Information

Your physiotherapist may be required to share your information with other healthcare providers.

### You need to let us know

The risk related to some treatments can increase if the physiotherapist is not aware of certain facts. Please inform the physiotherapist if you have:

- A pacemaker or heart condition
- Suffered from blood clots, thrombosis or stroke in the past
- Suffer from diabetes
- Are currently taking any medication