

CONSENT TO TREATMENT

REFERRED BY: NAME OF DR/FRIEND _____ CELL: _____

Patient full names and surname: _____

Patient ID Number: _____

I, the Patient, by signing this form, confirm that:

1. I, the signatory, understand that I will be evaluated by the physiotherapist and will be asked to undress and expose the body parts that need treatment. I hereby give the physiotherapist permission to treat these exposed areas. The physiotherapist will do this with the utmost care and respect, but I will inform the physiotherapist if I am uncomfortable or feel exposed during the treatment.
2. The physiotherapist will speak to me about my **health status**, i.e. how my health appears to be, or how s/he has evaluated my health. If another healthcare practitioner (doctor, therapist, etc.) has referred me to the healthcare professional, this referral will be discussed with me.
3. The physiotherapist will explain to me what my **options** of health care are. I understand these options and what is expected from me and I give consent to the treatment.

4. I take note that the physiotherapist may use heat/ice pads and/or electrical machines on my exposed body parts. I give the physiotherapist permission to use these treatment modalities.
 - Electrical modalities are not to be used if you have a pacemaker and must be used with care if you are pregnant. Please keep the physiotherapist informed of your medical conditions.
 - Heat, ice and electrical modalities can cause burns and need to be used with care. Tell your physiotherapist if you feel any burning sensations during the use of ice, heat and electrical modalities.
5. I, the signatory, give the physiotherapist permission to treat me with dry needles after she has explained the rationale behind it. I understand that dry needles can cause discomfort and bruising. I understand that dry needling must be used with care when using it in the chest area because the lung itself can be punctured.
6. I understand that I can **refuse** health care at any stage, but also understand that if I refuse, the physiotherapist must explain the **consequences of the refusal** to me, I will then not hold the physiotherapist liable for any of those consequences, should they happen. If I refuse, I must still pay for the health care I have had up to the point of refusal.
7. I realize that this Practice will protect my personal information according to their PAIA manual.

Signed at Knysna on this _____ day of _____ 20_____

Patient

Physiotherapist

