Louw, Miny & Wilson Physiotherapists 011 815 1260

Consent to Treatment

Please read and complete before your first treatment session.

PATIENT DETAILS

Full name

Date of birth

CONSENT

I understand that physiotherapy treatment may include manual therapy, exercise prescription, electrotherapy, dry needling and other techniques selected by my treating physiotherapist based on their clinical assessment. I understand that, as with any treatment, there may be risks and that no guarantee has been made as to the outcome of treatment. I confirm that I have had the opportunity to ask questions about my proposed treatment.

- [ ] I consent to physiotherapy assessment and treatment as clinically indicated.
- [ ] I consent to dry needling, if my physiotherapist recommends it as part of my treatment.
- [ ] I understand I may withdraw consent for any technique at any time during treatment.

EMERGENCY CONTACT

Contact name

Contact phone number

SIGNATURE

Patient / guardian signature (type full name)

Date