



## Informed Consent for Physiotherapy Treatment

At MediWays Physiotherapy, we are committed to providing safe, effective, and personalized care. This form is to ensure you understand the nature of physiotherapy treatment and provide your consent to proceed.

### Nature of Treatment

Physiotherapy includes assessment and treatment of injuries and physical conditions. Your care plan may involve:

- |                         |                            |                      |
|-------------------------|----------------------------|----------------------|
| → Manual therapy        | → Lymphatic Drainage       | → Laser Therapy      |
| → Vestibular Therapy    | → Education                | → Ultrasound Therapy |
| → Therapeutic Exercises | → Shockwave Therapy        | → Cupping            |
| → IFC/Tens              | → Acupuncture              | → Traction           |
| → Paraffin Wax          | → Pre & Post Natal Therapy | → Pelvic Floor       |

### Benefits & Risks

The goal of treatment is to reduce pain, improve movement, and restore function. While physiotherapy is generally safe, some treatments may cause temporary soreness, discomfort, bruising, or mild aggravation of symptoms. More serious complications are rare. I hereby release Mediways Physiotherapy, its practitioners, and staff from any liability that may arise from my participation in any of the above services, except where such liability arises from negligence or intention misconduct.

### Patient Responsibilities

You agree to provide accurate health information, inform your therapist of any changes in your condition, and follow your recommended treatment plan, including home exercises.

### Right to Ask Questions & Withdraw Consent

You are encouraged to ask questions at any time. You may refuse or stop treatment at any point without affecting your future care.

### Consent to Treatment

I understand the information above and have had the opportunity to ask questions. I voluntarily consent to physiotherapy assessment and treatment at MediWays Physiotherapy.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_



## **Current Condition**

Have you been treated under physiotherapy before?  Yes  No

What injury or condition are you coming in for today?

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When did this issue begin? \_\_\_\_\_

Level of Pain (1–10): \_\_\_\_\_

Current or past injuries we should be aware of:

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## **Medical History**

**Have you been diagnosed with any of the following? (check all that apply):**

- Heart Disease
- High Blood Pressure
- Diabetes
- Osteoporosis
- Arthritis
- Asthma
- Cancer
- Stroke
- Epilepsy
- Kidney Disease
- Liver Disease
- Depression / Anxiety
- Skin Conditions
- Viral Infections
- Blood Clots
- Other: \_\_\_\_\_

**Is there anyone in your family with these conditions?**  Yes  No

If yes, please specify: \_\_\_\_\_



## Medical Details

Please list any surgeries or major injuries you have had (include dates if possible):

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Are you currently taking any medications?  Yes  No

If yes, please describe: \_\_\_\_\_

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Do you have any allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

**Any other medical conditions we should be aware of?**

## Additional Health Information

Do you have any internal pins, wires, or artificial joints?  Yes  No

Any fractures or dislocations in the past?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you pregnant?  Yes  No

Have you ever had a WSIB (Workplace Injury) or MVA (Motor Vehicle Accident) claim?

Yes  No

If yes, please provide details: \_\_\_\_\_

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## Acknowledgment

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that this information is important for my treatment and safety.

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**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_