

## PHYSIOTHERAPY

### PATIENT AUTHORIZATION

I hereby authorize and give permission to \_\_\_\_\_,  
a Registered Physiotherapist, to carry out any assessment and examination, procedures and  
treatments as may be necessary to assess and treat my condition or injury.

The above named physiotherapist has agreed to provide me with understandable information  
on :

- > my condition, as known
- > the treatment being suggested
- > significant risks, benefits of treatment and possible alternatives to this treatments
- > reasonable additional procedures which may be necessary
- > potential risks of foregoing

I hereby authorize and grant permission to the above named physiotherapist to communicate  
with any health care professional that rehabilitation of my condition may indicate.

I hereby authorize and grant permission to the above named physiotherapist to release  
information regarding my condition and my ability to return to normal activity or work to my  
insurance company/employer/lawyer of their representative.

I, \_\_\_\_\_ understand the condition and information as verbally  
provided and voluntarily give my consent to the above authorizations.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE