

Physiotherapy treatment is generally an effective and safe form of treatment, however, like any treatment there are benefits and risks. The purpose of this form is to let you know what your rights are and how we address the issue of a collaborative decision-making and informed consent between physiotherapist and patient.

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 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'. The more information you provide, the more likely it is that the physiotherapist can provide effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let the physiotherapist know and they will cease.

### **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. Wherever possible, contact will be made using a towel or other forms of screening. Physical contact requires your express consent. You may withdraw consent at any time at which point, all physical contact will cease immediately. Please inform your physiotherapist if you feel uncomfortable at any time.

### **Risk 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. You may withdraw your consent at any time even if you have previously signed a consent form.

### **Children & 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.

### **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;
- Suffer from diabetes;
- Are currently taking medication.

I \_\_\_\_\_ [full name] have read and understood the above statements relating to consent for treatment. I offer my consent to receive treatment within the practice. I agree to this consent remaining valid until such time as I withdraw my consent.

Signed \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

T: 1300 189 289

F: 8391 2044

E: [reception@myphysiosa.com.au](mailto:reception@myphysiosa.com.au)

Payneham  
49 Portrush Rd  
T: 1300 189 289

Mount Barker  
35a McLaren St  
85 Wellington Rd  
T: 1300 189 289

Mile End  
SPARC  
90 Henley Beach Rd  
T: 8234 9707  
F: 8234 9707

Adelaide  
The International Spine Centre  
L3, 270 Wakefield St  
T: 8223 4055  
F: 8223 3766

North Adelaide  
O & G  
69-71 Barnard St  
T: 1300 604 377  
F: 08 8267 9275