



QUINTE ORTHOPAEDICS & REHABILITATION SPECIALISTS

Massage Consent to Treat Form

By signing this form, you have agreed that you understand that all information gathered for this treatment remains confidential, except as required or allowed by law, to facilitate assessment/treatment. You also agree that you understand that the therapist may discuss your case with peers who are under the same confidentiality clause in order to provide the best treatment possible. No other personal information will be disclosed other than that which is directly associated with your care/treatment.

Your written consent will be required should any information be released to any third party, e.g. insurance companies, family physician.

Informed Consent to Massage Therapy Treatment:

- I have filled out a complete and updated Patient Health History form and have had an opportunity to ask any questions that I may have to clarify and better understand why an accurate health history is needed.
- The massage therapist has explained to me what the nature and purpose of the proposed assessment/reassessment, treatment and or remedial plans, prior to the commencement of treatment. I understand that results are not guaranteed.
- I am aware that I may discontinue the assessment, reassessment, treatment and remedial exercise plan at any time.
- I further understand and am informed that, as in all health care, the practice of massage therapy involves some risk to treatment, including, but not limited to, muscle strains and soreness. I do not expect the massage therapist to be able to anticipate and explain all risks and complications and I wish to rely on the massage therapist to exercise good judgement during the course of the procedure which the massage therapist feels at the time, based upon the facts then known, and is in my best interest.
- I also confirm that I have the ability to accept or reject this care on my own free will and choice and that I am not a agent of any private, local, provincial or federal agency attempting to gather information without stating.
- I understand the fee structure and accept full responsibility for prompt payment. Being late for the scheduled appointment will result in a shorter treatment and I will be responsible to pay for the scheduled time period. I also understand that a scheduled treatment time includes treatment preparation interview, assessment and documentations required by regulatory body and/ or insurance companies so that I do not expect hands on treatment for the entire schedule time period; however the therapist will try their level best to provide maximum hands on treatment within the time frame.

I, _____ (Print Name) have read the above consent. I have also had an opportunity to ask questions about this consent and by signing below I give my consent to Massage Therapist to proceed with assessment, reassessment, treatment and or remedial exercise plan and share the treatment details with insurance provider if required; I intend this consent to cover the entire course of treatment for my present condition.

Signature: _____ Date: _____