

CONSENT FOR EXAMINATION TREATMENT AND RELEASE OF PATIENT INFORMATION

I, the undersigned, hereby consent to the examination/treatment at PhysioDNA, which may include the use of assessment tools, manual therapy, strengthening exercises, stretching/flexibility, orthotic therapy, and/or modalities (ultrasound, electrical).

Personal health information written on this form and collected during sessions is under the authority of Ontario's Personal Health Information Protection Act, 2004 (PHIPA), which is used for the purpose of providing services to the undersigned. We collect only essential personal health information that is necessary to provide appropriate services, as allowed under applicable privacy legislation, and for administrative purposes within PhysioDNA. In addition to this intake questionnaire, we may ask for your consent to collect information from other professionals with whom you are currently or previously received services. We will hold your personal health information in confidence and will not disclose it to anyone outside Oakville Performance and Wellness, other than the persons or institutions indicated.

Some therapeutic techniques and exercises are contraindicated under certain conditions. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist and/or service provider updated as to any changes in my medical profile and understand that there shall be no liability on the therapist should I refuse to do so.

-CANCELLATION POLICY- 24 hour cancellation policy-

Less than 24 hour cancellation notice will result in the FULL appointment fee being charged. Missed Appointments or No Show are subject to the full appointment fee.

PhysioDNA is not responsible for appointment reminders. E-mail reminders are a courtesy only and may not always be delivered.

I have read and fully understand the cancellation policy