



The Health Centre at the King West Club

266 King St West, Toronto ON, M5V 1H8

www.cardiogo.ca • 416.913.9123 (ext. 4)

PHYSIOTHERAPY CONSENT TO TREATMENT

I, _____, (the "Patient") hereby consent to the assessment and to the treatment to be performed by the Registered Physiotherapist named below at The Health Centre at The King West Club.

The Patient understands that treatment may include treatments for therapeutic, preventative, palliative, diagnostic, cosmetic, or other health related purposes.

The Patient understands that they may not rescind this consent, except upon reasonable prior notice delivered and given to the Registered Physiotherapist, in writing.

The Patient understands that they may not amend this consent, except upon prior agreement with the Registered Physiotherapist, such agreement to be in written form prior the commencement of such amendment.

The Patient further understands that the clinical, psychological and any other information, which is gathered during the course of my treatment, is confidential but may be shared with my insuring agents, third party payers and/or physician(s) upon request in writing to do so.

The Patient has read the above consent, and has have had the opportunity to ask questions about its content. This consent will cover the physiotherapy assessment and entire course of treatment.

Patient's Name (*Please print*)

Physiotherapist's Name (*Please print*)

Signature of Patient

Date Signed



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WAIVER AND RELEASE

The Patient agrees to abide with and keep and obey all rules and regulations now in force or in the future prescribed by The King West Club during the course of the assessment and treatment to be performed by the Registered Physiotherapist named in the Informed Consent to which this waiver and release is attached at the Health Centre at the King West Club.

The Patient expressly states hereby that he/she will be voluntarily receiving the physiotherapy treatment referred to in the Patient's Intake form and the Informed Consent to which this waiver and release is attached and the Patient hereby assumes all risks of injury or every nature whatsoever with might result from the receipt of this physiotherapy treatment at The Health Centre of the King West Club. The Patient hereby waives and releases any and all claims that he/she has or may have against the King West Club, its employees or agents for injury sustained by the Patient as a result of the receipt of the physiotherapist assessment and treatment to be performed by the Registered Physiotherapist. The Patient hereby acknowledges that he/she has carefully read this waiver and release and fully understands that it is a waiver and release of liability of the King West Club and agrees that such a waiver and release is reasonable and proper based on the nature of the King West Club's business.

The Patient hereby waives and releases the King West Club from any claims of every nature or kind whatsoever that he/she may have against the King West Club with respect to any loss or theft of personal property in respect of the facilities operated by the King West Club.

Patient's Name *(Please print)*

Signature of Patient

Date Signed