

Consent for Examination and Information Sharing

First name: _____

Last name: _____

Date of Birth _____
(DDMMYY)

Please read the following and indicate which you consent to by checking the appropriate boxes.

- Assessment:** I authorize Dal Physiotherapy clinic to conduct a physiotherapy assessment
- Assistant:** my treatment may involve a physiotherapy assistant/aide. They have been trained to perform modalities on clients and assist with care after the physiotherapist assesses and determines the course of treatment. I authorize the assistant to be involved in my care.
- Student:** As a teaching facility, we often have students observing, or participating in clinical placements as part of their education. I consent to their involvement in my case.
- Clinic Research:** As part of our mission, we often partner with clinical researchers to conduct research studies. May we contact you about any clinic research opportunities that we think might interest you?
- Records & Tests:** I authorize Dal Physiotherapy Clinic to obtain copies of any medical, hospital, imaging (including but not limited to: X-Ray's, MRI, and CT's), or other records that are relevant to my care.
- Insurance:** I authorize Dalhousie physiotherapy Clinic to contact my Insurer to share job-related information.
- Employer:** I authorize Dalhousie Physiotherapy Clinic to contact my employer to share job-related information relevant to my care
- OHS:** I authorize Dalhousie Physiotherapy Clinic to share information with Dalhousie Occupational Health and Safety if they are covering the costs of my care.
- Varsity Athletes (specific):** I authorize Dalhousie Physiotherapy Clinic to share information regarding my treatment with coaches, support staff and U-Sport relevant to my care.
- Consent to Acupuncture and Dry Needling:** I have read the supporting Acupuncture and dry needling document and agree to treatment using these techniques if believed to be beneficial to my treatment plan.

I have read this document and thoroughly understand it.

Signature: _____

Date: _____