Dalhousie Physiotherapy Clinic

**CONSENT FOR EXAMINATION AND INFORMATION SHARING**

**DATE**: _________________ **Name:** _____________________________________________________

**Address:**______________________________________________________________________________

**City:** _____________________**Postal Code:** ____________**Telephone: (home)** _________________

**(work)** _______________________ **(mobile)** _______________________

**Email Address:**_____________________________________________

**Date of Birth: (DD/MM/YY)** ______________________________

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

☐ **Assessment:** I authorize Dalhousie Physiotherapy Clinic to conduct a physiotherapy assessment

☐ **Assistant:** Part of my treatment may involve a physiotherapy assistant/aide. He/She has 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

☐ **Students:** 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

☐ **Clinical research**: As part of our mission, we often partner with clinical researchers to conduct research studies. May we contact you about any clinical research opportunities that we think might interest you?

☐ **Records & tests:** I authorize Dalhousie Physiotherapy Clinic to obtain copies of any medical, hospital, x-ray or other records that are relevant to my care

☐ **Insurance:** I authorize Dalhousie Physiotherapy Clinic to share financial information with my insurer

☐ **Employer:** I authorize Dalhousie Physiotherapy Clinic to contact my employer to share job-related information

☐ **OHS:** I authorize Dalhousie Physiotherapy Clinic to share information with Dalhousie Occupational Health and Safety if they are covering the costs of my care

**I have read this document and thoroughly understand it.**

**Signature:**_________________________________