



CONSENT TO ASSESSMENT & TREATMENT

Name: _____

Date: _____

I consent to be treated, of my own free will, for the following complaint(s):

I acknowledge that my therapist has provided me with such information as it is pertinent to assessment and/or treatment for the above complaint(s). Alternative courses of treatment, where applicable and relevant, have been explained to me as well we the possible risks and side effects of such treatment. I understand fully the consequences of having treatment/refraining from treatment. I appreciate that I may revoke consent (written or verbal) at any time.

In compliance with the "Consent to Treatment Act", I provide my full voluntary informed consent to be treated and/or assessed by:

- | | | |
|--------------------------|------------------|---------------------------|
| <input type="checkbox"/> | Ravikumar Pandya | (Physiotherapist) |
| <input type="checkbox"/> | Frank DeStefano | (Massage Therapist) |
| <input type="checkbox"/> | Dave Ursomarzo | (Massage Therapist) |
| <input type="checkbox"/> | Lynn Sullivan | (Occupational Therapist) |
| <input type="checkbox"/> | Parveen Gill | (Chiropracist) |
| <input type="checkbox"/> | Colin Bright | (Physiotherapy Assistant) |

Signature: _____

Date: _____

CONSENT TO RELEASE INFORMATION

I give **Guelph Rehab Centre** my consent to obtain/release my medical information regarding my treatment to my family physician, referring physician and other professionals involved in the assessment and/or treatment as listed below:

Other: _____

I hereby release **Guelph Rehab Centre** and/or its directors, officers, employees, servants, and agents from any and all claims listed above, directly associated with the release of information.

Signature: _____

Date: _____