**PHYSIOTHERAPY**

Physiotherapy treatment techniques may include, but are not limited to, manual techniques including spinal manipulation, electrotherapeutic modalities, and exercise, as well as other techniques such as acupuncture. A number of these may be recommended during your program. Your treatment program will be designed and monitored by your physiotherapist. A registered kinesiologist, physical therapy assistant, and/or an exercise therapist may also provide assistance in your care. As your participation in all aspects of your program is imperative to its success, it is the policy of Centric Health/LifeMark to ensure the benefits, side effects, and potential complications of each chosen modality are explained to you by your therapist before use. Throughout your program, if you have any questions or concerns about any recommended treatment you must inform your therapist immediately so they can explain the treatment rationale and/or modify your program appropriately. If at any time you choose not to participate in the program or any portion of it, you must inform your physiotherapist immediately. Please note that in an emergency situation we will follow all lifesaving procedures including calling 911 and administering CPR. If you have any advanced directives or resuscitation orders, please discuss with your physiotherapist.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at Centric Health/LifeMark. I understand for the duration of my treatment, my consent may be withdrawn at any time and I understand that I must inform my physiotherapist.

**MASSAGE THERAPY**

It is the policy of Centric Health/LifeMark to ensure the benefits, side effects and potential complications of massage therapy are explained to you by your therapist before use. Throughout your program if you have any questions or concerns about any aspect of the massage therapy, you must inform your therapist immediately so they can explain the treatment rationale and/or modify your program appropriately. If at any time you choose not to participate in massage therapy, you must inform your massage therapist immediately.

I understand and agree with the criteria above and as such agree to participate in massage therapy at Centric Health/LifeMark. I understand that for the duration of my treatment, my consent may be withdrawn at any time and understand that I must inform my massage therapist.

**OCCUPATIONAL THERAPY**

As your participation in all aspects of your program is imperative to its success, it is the policy of Centric Health/LifeMark to ensure the benefit, side effect and potential complications of each chosen assessment and treatment approach are explained to you by your occupational therapist before use. Throughout your program, if you have any questions or concerns about any recommended treatment you must inform your occupational therapist immediately so they can explain the treatment rationale and/or modify your program appropriately. If at any time you choose not to participate in the program or any portion of it, you must inform your occupational therapist immediately.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at Centric Health/LifeMark. I understand that for the duration of my treatment, my consent may be withdrawn at any time and understand that I must inform my occupational therapist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature (if under 18, Guardian signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date