



Kaitlin Troop, MPT
Registered Physiotherapist
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Informed Consent For Physiotherapy Assessment/Treatment

Please carefully read and sign this form. Any questions should be directed toward your physiotherapist prior to signing:

1. I understand that it is important to provide my physiotherapist with an accurate health history so that any planned treatments are in my best interest.
2. I understand that my physiotherapist will discuss the purpose, risk, benefits and alternatives to planned assessments and treatments before they are administered.
3. I understand that I may ask questions at any time regarding the assessment or treatment procedures that are being performed.
4. I understand results are not guaranteed and further treatment may be necessary.
5. I understand my consent is voluntary and I may revoke or amend this consent at any time.

I have read and understand the contents of this form. I hereby request and consent to the performance of physical assessment/treatment procedures performed by Registered Physiotherapist, Kaitlin Troop. I intend this consent form to cover the entire course of assessment/treatment for my present condition, commencing on the date below. I agree to make clear any changes to this consent.

(Initial)

Privacy Policy

Peak Mobile Physio adheres to the standards and ethics of the Physiotherapy Alberta College and Association. Patient information is confidential and will only be accessed by health care professionals directly involved in your care. Records will be stored with safeguards in place to protect your personal information from loss, theft, or unauthorized access. Your personal information will be kept on file in accordance with the minimum retention periods defined by Physiotherapy Alberta.

I authorize Peak Mobile Physio to collect and store my information as outlined above. I authorize the release of information as required to my physician, or other health care professionals involved in my care.

(Initial)

Cancellation Policy

I understand that 24 hours notice for any change or cancellation to my appointment is required. Peak Mobile Physio reserves the right to charge 50% of the regular fee for any missed or cancelled appointments with less than 24 hours advance notice.

(Initial)

Patient Signature	Printed Name	Date (DD/MM/YY)
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