



# Dixie

PHYSIOTHERAPY & WELLNESS

## Physiotherapy Consent Form

**I understand that I will be given the opportunity to discuss the nature and purpose of any treatment with the Physiotherapist prior to the performance of the treatment.**

**I hereby request and consent to the assessment and performance of physiotherapy adjustments and other procedures, including various modes of physical therapy. I understand that the results of any treatment are not guaranteed.**

**I, the undersigned, hereby consent to the treatment plan decided upon by the attending physiotherapist who examined me, assessed my condition and explained the treatments prescribed to me.**

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**Patient's Name (please print)**

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**Patient's Signature**

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**Date**