BODYCHECK PREVENTION & HEALTH

CONSENT FORM & PAYMENT AGREEMENT

| NAME: | | | |
|-----------------------------|--------------|-------------|--|
| FIR | | LAST | |
| ADDRESS: | | | |
| | | | |
| CITY | PROVINCE | POSTAL CODE | |
| TELEPHONE: Home: | Work: | Cell: | |
| Email: | | | |
| ALBERTA HEALTH CARE #: _ | | | |
| | NINE DIGITS | | |
| DATE OF BIRTH: | AGE: | | |
| MO | NTH/DAY/YEAR | | |
| FAMILY or REFERRING PHYSICI | IAN: | | |

- Initials I understand that the cost of PHYSICAL THERAPY treatment at this clinic is not covered by Alberta Health Care, Alberta Health Services or Workers Compensation Board. I understand that payment is due at the time of the appointment and the fee is set per 30-minute session(s). Fees for reports will be billed separately.
- I understand that I am responsible for all fees incurred at the clinic associated with my treatment program and agree to pay any and all outstanding balances on my account. I am aware that there is a cancellation policy in effect. A minimum notice of 24 hours is required to cancel an appointment otherwise you will be charged
- I consent to undergo physical therapy assessment, investigations and treatments, if they are required, as are deemed necessary and are prescribed by my therapist. I understand that I have the right to be informed of the treatment techniques chosen and of the risk vs. benefit of the techniques prior to them being administered. I maintain the right to choose not to have certain techniques performed. I understand that my privacy will be respected as outlined in the Privacy Act Brochure.
- I also consent to the exchange of information regarding my assessment and treatment with my family doctor and/or specialist for the purpose of enhancing my treatment and rehabilitation. Any exchange of information with third party insurers and lawyers will only occur with a current (within the past six months) written release signed by myself.

Please sign below in acknowledgement, understanding and acceptance of this agreement:

If under 18 years of age, must be signed by a parent or guardian.