Physiotherapy Consent

Informed consent. The physiotherapist fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

PHYSIOTHERAPIST NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

CONDITION BEING TREATED

SESSIONS PLANNED

SETTING

FEE PER SESSION (₹)

Treatment may include hands-on joint and soft-tissue work, exercise, taping, heat or cold, and electrical modalities such as TENS, IFT or ultrasound. The physiotherapist will explain each before use; some techniques need the area to be uncovered, and you may ask for a chaperone.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Temporary soreness or stiffness after treatment
- Skin irritation or burns from heat, ice or electrotherapy (rare)
- Dizziness with neck techniques

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- Medicines or injections prescribed by a doctor
- A home exercise programme only
- No treatment

Your health

Do you have a pacemaker or metal implant?

○ No ○ Yes

Are you pregnant?

○ No ○ Yes

Do you have osteoporosis or a cancer diagnosis?

○ No ○ Yes

ALLERGIES, CURRENT MEDICINES, OR DETAILS OF ANY "YES"

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The physiotherapist has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Physiotherapist

SIGNATURE

PRINTED NAME

DATE