



#300, 1688-152 St, White Rock B.C. V4A 4N2  
Ph (604) 538-8338, Fax (604) 538-3277  
[www.dianelee.ca](http://www.dianelee.ca)

### CONSENT FORM

#### Release of information

I \_\_\_\_\_ give Diane Lee & Associates - Physiotherapy Consultants my consent to release/obtain information from the following individuals with respect to my care:

Physician(s) \_\_\_\_\_ Initials \_\_\_\_\_

Insurer \_\_\_\_\_ Initials \_\_\_\_\_

Employer \_\_\_\_\_ Initials \_\_\_\_\_

Other (List) \_\_\_\_\_ Initials \_\_\_\_\_

#### Payment information

I understand that payment for services received at the clinic are my responsibility. If my claim is to be submitted directly to an outside agency for payment, and for some reason the third party pay or, such as WCB/WSIB, insurance or employer, denies the claim and/or refuses to pay all or any of the full amount billed, I am responsible for paying the amount outstanding. I understand that the fees per visit for this service are:

Fees: Assessment \$ \_\_\_\_\_ Treatment \$ \_\_\_\_\_ Initials \_\_\_\_\_

#### No Show/Short Cancellation Fee

Your appointment time has been reserved specifically for you. If you book an appointment and then choose not to attend, you may be billed for the visit. If your notice of cancellation is very short (i.e. less than 24 hours), you may also be charged for the visit.

\_\_\_\_\_ Initials \_\_\_\_\_

#### Treatment information

Physiotherapy treatment techniques may include, but are not limited to: manual techniques, spinal manipulation, electrotherapeutic modalities and exercise as well as other techniques such as acupuncture and IMS. A number of these may be recommended during your program. It is the policy of Diane Lee & Associates to ensure the benefits, side effects and potential complications of each chosen modality is explained to you by your therapist before use, as your participation in all aspects of the program is imperative to its success. 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. Specific consent may be asked for treatments that involve use of an acupuncture needle or assessment and treatment of your pelvic floor.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at Diane Lee & Associates - Physiotherapy Consultants. I understand that for the duration of my treatment, my consent may be withdrawn at any time and understand that I must inform my physiotherapist.

\_\_\_\_\_  
Signed (If the patient is under the age of 18, a guardian must sign for them) Date \_\_\_\_\_

\_\_\_\_\_  
Witness Date \_\_\_\_\_

*empower*  
through knowledge, movement & awareness