



**“WHERE EVERYONE IS TREATED LIKE A PRO!”**

## ATHLETIC THERAPY CONSENT FORM

Please read the following carefully:

1. Athletic therapy is a health discipline that includes counselling regarding the prevention of the athletic injury, and the assessment, management and rehabilitation of athletic injury with the goal of a safe return to competitive sport. I further understand that athletic therapists are not permitted to order or interpret x-rays or other diagnostic tests. I understand that it is my responsibility to discuss with my physician whether there are any existing medical treatments available for my condition and to obtain my physician his/her prior permission to my receiving athletic therapy.
2. Athletic therapy includes massage, stretched, exercise, manipulation and modalities (such as ultrasound, interferential current, muscle stem, heat and cold) to assist in the healing process. Please inform the therapist if you are pregnant or think you may be pregnant.
3. I understand that I may experience some temporary muscle soreness during the extent of my treatments. I also understand that the muscles may feel worse before they get better.
4. I understand that: (a) no guarantees have been made as to the results that may be obtained from athletic therapy; (b) athletic therapy does not provide an instant cure for athletic injuries; (c) during the course of my athletic therapy, my condition or injury may temporarily worsen before improving.
5. I am aware that the fees for athletic therapy are not covered by OHIP and that it is my responsibility to confirm whether any company that provides me with private health insurance will reimburse me for the cost of such athletic therapy.
6. I acknowledge that I have read this form fully and understand its contents. I further acknowledge that I have received and understood all explanations regarding the athletic therapy described in paragraph 2 and that I have had the opportunity to ask questions and have received understandable answers. By signing this form, I consent to receiving such forms of athletic therapy as may be agreed to between myself and the athletic therapist.

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Therapist