



TRIANGLE PHYSIOTHERAPY & REHABILITATION

Please read the following carefully.

CONSENT TO TREATMENT

I, _____, date of birth _____ consent to be assessed and examined by a Registered Physiotherapist. I understand that the Physiotherapist may be assisted in the treatment by a trained Physiotherapist Assistant.

My rehabilitation plan which may include physiotherapy and/or acupuncture and/or taping and/or shockwave treatments and/or massage therapy will be discussed with me and I will be made fully aware of the benefits, risks and possible side effects of the proposed treatment.

I understand that I will have the opportunity to discuss with my therapist, the nature and purpose of all my treatments.

I understand that my treatment may change from time to time at my health professional's discretion.

I understand that my consent provided herein may be revoked in writing at any future time, if I so choose.

CONSENT FOR PERSONAL INFORMATION

I understand that in order to provide safe treatment my health practitioner may need to communicate with my physician regarding my condition and treatment. I understand that Triangle Physiotherapy may need to communicate as applicable, with my lawyer, the WSIB, my employer or auto insurance company to send or receive information pertaining to my treatment. I also understand that my personal information will solely be used to the extent necessary for the goods and services provided by Triangle Physiotherapy and will not be shared with any other party without my consent.

CONSENT FOR THE COST OF OUR SERVICES

Fees for Physiotherapy: Assessment only: \$65.00, Assessment with partial treatment: \$95.00, Treatment session: \$60.00, Treatment session with acupuncture: \$70.00, Treatment session for multiple conditions: \$90.00, K-Taping is an additional \$10.00, Assessment with Shockwave treatment: \$130.00, Treatment session with Shockwave: \$110.00.

Fees for Vestibular Rehabilitation: Vestibular Assessment \$95.00, Vestibular treatment \$90.00 .

Fees for Pelvic Floor Physiotherapy: Assessment: \$110.00 Treatment session: \$90.00

Fees for Massage Therapy are: \$130.00 for 90 mins, \$85.00 for 60 mins, \$70.00 for 45 mins, \$50.00 for 30 mins. (HST Applicable)

Fees for GaitScan Assessment: \$80.00. If orthotics are purchased, the fee for the GaitScan Assessment will be adjusted in the fee for the Orthotics. Fees for Orthotics: \$500.00 including GaitScan Assessment.

I have read the above & agree to pay for the services I have availed of at Triangle Physiotherapy. I also understand that I will be required to pay for any treatments /products not covered by my insurance plan/WSIB/Motor Vehicle Insurance.

PAYMENT POLICIES

- **Payment is due at the end of every treatment session.** You will be provided with a receipt that you can submit to your insurance provider for reimbursement.
- As the policy holder, it is your responsibility to contact your insurance company and confirm the exact details of your coverage. Our front desk staff would be happy to assist you with any questions regarding your insurance coverage for our services.
- Payment is due in full by cash, debit, Visa, MasterCard, or cheque at the end of each treatment session.
- Most insurance companies require you to pay upfront for Orthotic devices. We will be happy to assist you in preparing your claim.

X
Patient / Parent / Guardian's Signature

X
Date



TRIANGLE PHYSIOTHERAPY & REHABILITATION

CANCELLATION & NO-SHOW POLICY

We require a minimum of **24 hours notice** for change or cancellation of any appointment. This will allow us to fill the available time slot with another patient who needs our services.

Your account will be charged the full treatment fee if you cancel with less than 24 hours notice or if you do not show up for your appointment.

Should you arrive late for your appointment or request to leave early, the full fee for the appointment will apply.

Please confirm the following information to secure future appointments:

I, _____ hereby authorize Triangle Physiotherapy & Rehabilitation to charge my VISA or MASTERCARD Number

_____ Exp ____/____

Verified By _____

if my appointment is cancelled with less than 24 hours notice or if I do not show up for a booked appointment.

Please Note: We understand that your time is valuable and therefore make every effort to keep our schedule running on time. Due to the nature of our work, unexpected delays sometimes occur. Please be assured that under these circumstances you will still receive your full treatment time.

Thank you for helping us to maintain a high level of service for all of our patients.

Acknowledgement

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I, (print name), understand and agree to abide by the cancellation policies of Triangle Physiotherapy.

X _____

Patient / Parent / Guardian's Signature

X _____

Date

Privacy Policy

Privacy of personal information is an important principle to Triangle Physiotherapy & Rehabilitation. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the goods and services we provide. We also try to be open and transparent as to how we handle personal information. If you have any questions, please ask the Receptionist or the Physiotherapist.