

Pain/discomfort
Emotional stress

Miscarriage with pregnancy
Urinary tract infection

Initial: _____

5. **COVID-19:** While Elevation Physiotherapy & Wellness complies with all recommended protocols regarding the safety of both patients and staff to prevent any exposure to COVID-19, this is not a sterile environment. We are trying to provide the best environment possible for our patients and staff, but there is a risk of exposure to a carrier of the virus if you attend in-person appointments at the clinic. While receiving services, your clinician may be closer than the recommended physical distancing guidelines to assess and treat each patient. Please wear a mask. Our clinicians and staff will wear a mask and gloves for the duration of treatment. We sanitize all surfaces after each appointment, and our treatment spaces are individual. In an abundance of caution, it is our recommendation that you wash your clothes upon your arrival at home.
6. I hereby request and consent to the performance of physical assessment/ treatment procedures on me by the Registered Physiotherapist identified below. My consent is voluntary and I intend this consent form to cover the entire course of assessment/ treatment for my present condition, commencing on the date indicated below.

Lynda McClatchie, PT, MScPT, CertMDT
Reg. #: 09286

Jacqueline Fiorali, PT
Reg. #: 16625

Keri Edwards, RMT
Reg. #: P298

Joelle Li Yuen Fong PT
Reg #: 18076

CONSENT TO ASSESSMENT, TREATMENT AND DISCLOSING PERSONAL INFORMATION, and COVID-19 RISK

Print Name

Signature

Date

CANCELLATION POLICY

Each physiotherapy appointment is booked one-on-one with our Physiotherapist and that time is reserved for you. Please be advised that we have a **Cancellation Policy** in effect.

You **MUST** give 24 hours notice to cancel your appointment. Any missed or cancelled appointments without the required 24 hours notice will be charged a \$35 cancellation fee.

This fee is not eligible to be reimbursed by your extended health coverage provider. You will be required to cover this cost.

I, _____, have read and understand Elevation Physiotherapy & Wellness's Cancellation Policy. I am aware that, should I not give 24 hours of notice to cancel my appointment, I will be invoiced a \$35.00 fee.

Print Name

Signature