

8740 208th Street, Langley BC, V1M 2Y3 Phone: 604-518-6000 Fax: 778-285-5502

Patient/Client Consent Release Form

I _____ hereby authorize _____
Name of patient/client name of releasee

or any authorized representative of PhysiGOtherapy to (please initial below where applicable):

_____ i) ***Send copies via mail, email, or facsimile*** or give verbal report of our assessment, treatment, interim progress report (s), follow-up report(s), or discharge plan as applicable to the organizations/ individuals listed below. For example, a report may be sent to your family physician to notify him/her on your physiotherapy progress.

_____ ii) ***contact any of the organizations/individuals listed below*** for the intent of collecting information regarding my injury, impairment, disability, functional or vocational requirements. For example, information from your family physician may include but is not limited to diagnostic testing such as x-rays, MRI, past medical history etc.

Physician(s)

Insurance Company/Adjuster

WCB/Case Manager

Lawyer/Personal Representative

Other

I have read the above information and authorize my consent with my signature below. My consent is valid unless I withdraw it in written format to PhysiGOtherapy.

Signature of client or duly authorized representative

Date

Signature of witness

Date