



*Thank you for choosing Physiomoves Physiotherapy Clinic for all your rehabilitation needs.
Please read through the following information and sign at the bottom.*

During your treatment your therapist may suggest manual techniques, electrotherapeutic modalities, exercise, or massage. It is our policy that you will be informed of the benefits, side effects or potential complications. If at any time you choose not to participate in the program or any portion of it, you must inform your physiotherapist immediately.

Please inform your therapist if you are pregnant or if you have any metal implants (i.e. pacemaker)

If you have any questions, concerns or comments please inform your therapist immediately.

I understand I am fully responsible for payment of services received from PHYSIOMOVES
PHYSIOTHERAPY CLINIC.

In the event a third party insurer (WCB/ICBC/other) denies a claim or refuses payment in full or in part, I understand I am responsible for and agree to pay the outstanding amount.

Cancellation Policy: We require notice of cancellation 24 hours before your appointment.

Same day Physiotherapy appointment cancellations will result in a \$35.00 fee.

Same day Massage Therapy appointment cancellations will result in a \$35.50 fee (30 min. appointment), \$44.10(40 min. appointment), or \$57.50(60 min. appointment)

Please note that our email and phone reminders are for **courtesy only**. It is your personal responsibility to keep track of your appointments.

I have read and understood the above information.

Name (print) : _____

Signature: _____

(if under 18 years old)Parent/Guardian: _____ Date: _____

Please provide us with your email address for future contact: _____

Thank you!-