



Consent to assessment, services, and release of information

CLIENT'S NAME: _____

DATE OF BIRTH: _____
Day/Month/Year

Occupational Therapy (OT) promotes functional independence for people who are dealing with the effects of disease, illness, injury, disability, or developmental delays. Through the use of meaningful activities, rehabilitation techniques, and education, occupational therapy facilitates development of life skills, and/or adaptation of the environment.

Physiotherapy (PT) addresses the illnesses or injuries that limit a person's abilities to move or function. PT promotes, maintains, or restores health through physical examination, an individual's history and incorporate the results of laboratory and imaging studies to establish a management plan. A treatment plan commonly contains prescription of specific exercises; manual therapy and manipulation; mechanical devices; education, electrophysical modalities (which include heat, cold, electricity, sound waves); and assistive devices. For dry needling and acupuncture the PT will insert one or more thin, sterile needles.

Kinesiology studies the mechanics of human movement and how they impact our health and wellbeing. Kinesiology addresses physiological, biomechanical, and psychological dynamic principles and mechanisms of movement.

Nutritionists are experts in food and nutrition and advise people how to live a healthier lifestyle and achieve health-related goals. Nutritionists perform duties such as developing a diet and exercise plan for individual clients and supporting clients through regular meetings.

An acupuncturist will examine the patient and assess their condition, insert one or more thin, sterile needles, and offer advice on self-care or other complementary therapies, such as Chinese herbs.

After an assessment, a discussion of findings and recommendations are given for which treatment options can be discussed.



Please fill out below to give consent.

<p>For a Minor</p> <p>I _____ being the custodial parent or guardian of _____ who is a minor, hereby consent to a rehabilitation assessment and services offered with a clinician at Lisa's Holistic Rehab & Neurofeedback.</p>	<p>Adult</p> <p>I _____ hereby consent to a rehabilitation assessment and services offered with a clinician at Lisa's Holistic Rehab & Neurofeedback.</p>
<p>I give him/her/them permission to complete an assessment on behalf of my third-party payer _____ and to release his/her/their report to them. I understand that information collected will be utilized to provide the third-party payer with recommendations for the planning and delivery of health services and that the confidentiality of the information will be maintained.</p> <p>I am aware that my third-party payer will review the assessment and determine if I am eligible for funding of any of the recommendations identified. I also understand that when equipment is being prescribed that I have agreed to accept, I give consent for pertinent information to be given to an outside party (ie. Vendor, etc) so that I may be able to receive the prescribed equipment.</p> <p>I also confirm that I have been informed and understand the nature of the referral and treatment process offered.</p> <p>_____</p> <p style="text-align: center;">Client</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>	



Veillez remplir ci-dessous pour donner votre consentement.

<p>Pour un mineur</p> <p>Je _____ étant le parent ayant la garde ou le tuteur de _____ qui est mineur, je consens par la présente à une évaluation de réadaptation et aux services offerts avec un clinicien de Lisa's Holistic Rehab & Neurofeedback.</p>	<p>Adulte</p> <p>Je _____ consens par la présente à une évaluation de réadaptation et aux services offerts par un clinicien de Lisa's Holistic Rehab & Neurofeedback.</p>
<p>Je lui donne la permission de remplir une évaluation au nom de mon tiers payant _____ et de lui remettre son rapport. Je comprends que les informations recueillies seront utilisées pour fournir au tiers payant des recommandations pour la planification et la prestation des services de santé et que la confidentialité des informations sera maintenue.</p> <p>Je sais que mon tiers payeur examinera l'évaluation et déterminera si je suis admissible au financement de l'une des recommandations identifiées. Je comprends également que lorsque de l'équipement prescrit que j'ai accepté d'accepter, je consens à ce que les informations pertinentes soient fournies à une partie extérieure (ex. Fournisseur, etc.) afin que je puisse recevoir l'équipement prescrit.</p> <p>Je confirme également que j'ai été informé et que je comprends la nature du processus de référence et de traitement proposé.</p> <p>_____ Signature du client</p> <p>_____ Date</p>	