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**INFORMED CONSENT FOR ASSESSMENT AND TREATMENT**  
**PLEASE READ CAREFULLY**

I, \_\_\_\_\_ understand that assessment and treatment at *Bayview Village Wellness Centre* may include but is not limited to individualized exercise prescription and manual therapy techniques (such as mobilizations, manipulations, soft tissue release and stretches) and therapeutic modalities (such as heat, ice, electrical stimulation and ultrasound). Other treatment options include acupuncture/dry needling that involves the insertion of disposable and sterile needles through the skin into the targeted tissue structures.

It is the policy of *Bayview Village Wellness Centre* to ensure each patient is educated about the benefits, side effects and potential complications of each treatment option used by our therapists and understand that the primary goals of my treatment are to help reduce my pain, improve my mobility, strength, endurance and my overall functioning and quality of life.

I understand that there are very small possibilities of risks or complications that may result from the above listed treatments. I do not anticipate all the possible risks and complications, I rely on the judgment of the therapist during the course of treatment to make decisions based on my best interests.

**POTENTIAL SMALL BUT POSSIBLE RISK FACTORS**

Manual Therapy: Joint and/or muscle soreness

Exercise Therapy: Joint and/or muscle soreness

Electrical Modalities: Minor skin irritations such as redness or rash

Therapeutic taping: Minor skin irritations such as redness or rash

Acupuncture/Dry Needling: Minor soreness, bleeding, bruising, nausea, fainting, headache, infection, possible perforation of internal organs and stimulation of labor in pregnant woman.

I will immediately notify my therapist of any changes in my pregnancy or medical status.

I will have the opportunity to discuss with my therapist the nature and purpose of all my treatments and I will accept the fact that there is no guarantee to the effectiveness of the treatment.

I am aware that I may withdraw this consent and discontinue my treatment at any time.

I consent to the assessment and treatment offered to me by my therapist. I intend this consent to apply to all my present and future care at *Bayview Village Wellness Centre*.

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Patient/Parent/Guardian Signature

Date

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Patient (PRINT NAME)

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Witness Signature/Witness Name (PLEASE PRINT)

Date