



INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

I, _____ give consent for treatment proposed by the medical and/or rehabilitation staff of Sports Exercise and Medicine Institute (SEMI). I understand that the proposed treatment may consist of various types of INJECTIONS, PAIN CONTROL TECHNIQUES, LASER THERAPY, MOBILIZATION, MANIPULATION, ACUPUNCTURE, MASSAGE, ACTIVE RELEASE, STRETCHING, STRENGTHENING, AEROBIC EXERCISE, PILATES AND USE OF VARIOUS MODALITY MACHINES such as ULTRASOUND, TENS, INTERFERENTIAL CURRENT AND SHOCKWAVE. I acknowledge I have had/will have the opportunity to discuss with my practitioner the nature of my treatment, the benefits, risks, and possible side effects of the treatment and the consequences of not having the proposed treatment. I do not expect my practitioner(s) to be able to anticipate or explain all possible risks and complications, and I wish to rely on my practitioner(s) to exercise their professional judgment during the course of the treatments. I also understand that I may at any time refuse the actual treatment(s) if I am not comfortable with the explanations given or choices offered.

Name of Patient

Signature of Patient or Legal Guardian

Date: D/M/Y

Signature of Witness

Date: D/M/Y

