

PATIENT CONSENT FORM

I _____, hereby request and consent to Chiropractic treatment. I give the Chiropractor permission to perform, necessary examinations and assessments, as well as diagnostic procedures as may be deemed necessary, in order to provide me with the best quality foot care. I consent to photographs to be taken by the Chiropractor and/or anyone working in this clinic authorized by the Chiropractor.

I understand that all of my personal information is confidential and will be used for no other purpose than for the chiropractor's clinical records and to comply with legal and regulatory requirements of The College of Chiropractors of Ontario. However I allow and consent to the Chiropractor to send a report to my physician regarding my foot exam and treatment.

I understand and am informed that, as in all health care, in the practice of chiropractic there are some very slight risks to treatment, including, but not limited to pain, swelling and infection. I do not expect the chiropractor to be able to anticipate and explain all risks and complications and I wish to rely on the Chiropractor to exercise judgement during the course of the procedure which the chiropractor feels at the time, based upon the facts then known is in my best interest.

I further understand that I may withdraw my consent and request to terminate or modify the treatment at any time.

I have read the above consent. I have had the opportunity to ask questions about its content, and by signing below I agree to treatment by the chiropractor. I intend for this consent form to apply to the entire course of my treatment, including today and any other future visits.

Payment for any chiropractic visits are to be paid on the day of service. The initial visit fee of \$80.00 is due upon day of consultation. Any fees for subsequent appointments will be discussed.

Please initial _____

ATTENDANCE POLICY

The Toronto Foot Clinic is committed to providing you with the highest quality foot care and therefore, it is important that you keep your appointments. We like to accommodate everyone but missed appointments and late cancellations prevent us from being able to help everyone.

We have booked an appointment exclusively for you. We understand that sometimes events happen that require cancelling and therefore a minimum of 24 hours notice must be given for any cancellation or to reschedule your appointment or a fee of \$25.00 may apply.

Please be on time for your appointment. If you are late, you may not be seen and we may have to reschedule your appointment. If you arrive late and are seen, your appointment may be shorter and we may not be able to provide you with all of the care that you need.

I have read the above Consent Form and Attendance Policy, and understand that my cooperation and active participation directly relates to my foot health.

Signature of patient

Date

If patient is under the age of 16

Parent/Guardian (Print name)

Parent/Guardian (Signature)