

## Osteopathy Consent Form

All practitioners are bound by the regulations of the Health Care Consent Act set forth by the Ontario ministry of Health. This act serves to protect the right of informed choice and requires that an individual considering treatment must be fully informed and give valid consent to the proposed treatment.

- I understand all the information recorded on my health history form is important to provide me with the most effective and safe treatment. In signing this form, I understand that all information recorded is strictly confidential.
- I acknowledge that Osteopathy is not a substitute for medical diagnosis or examination. It is recommended that I see my primary caregiver for that service.
- I acknowledge that expected benefits and possible reactions to treatment have been explained to me and are understood (i.e. headaches, muscle aches, and soreness)
- I acknowledge that I have the right to withdraw my consent to treatment, treatment techniques, and areas to be treated at any time.
- I acknowledge that if I arrive late for my scheduled appointment, I will only receive the time remaining on the treatment.
- I confirm that I am seeking treatment for my personal well being only and that I represent no one other than myself.
- I acknowledge that I have stated all relevant medical information that I am aware of and will update the treating therapist of any changes to my health status (including medication, injuries, illness etc).
- I understand that Tommy Gorecki is not equipped to handle MVA or WSIB claims. Please visit your primary healthcare provider for those claims.
- I understand that Tommy Gorecki as an Osteopathic Manual Practitioner:
  - Does not treat medical conditions
  - Does not make medical diagnosis
  - Does not prescribe medication or devices
  - Does not recommend specific exercises
  - Does not recommend specific diet
  - Does not treat mental illness or anxiety

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Patient Name	Patient Signature	Date
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Guardian's Name	Guardian's Signature	Date
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