

Consent to Exercise Physiology Care

Exercise Physiology Care is recognised as being an effective and safe method of care for many conditions. However you must recognise that there are risks with all health care procedures which you should be informed about.

Please read carefully

1. I acknowledge that I have discussed with the accredited Exercise Physiologist the rare risks associated with my proposed care which include, although not limited to muscle and joint soreness, sprains and strains, nausea and dizziness, fractures, disc injuries, strokes, heart attack, hypoglycaemic episodes (or like episodes) and an exacerbation and or aggravation of my underlying conditions.
2. I have had the opportunity to discuss the proposed care with the accredited Exercise Physiologist. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed care and I have been given sufficient time to make a decision giving consent for the care to proceed.
3. I acknowledge that I am aware of and understand the potential risks. I appreciate that results are not guaranteed.
4. I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.
5. I also give consent for my General Practitioner and/or Allied Health Professional to release relevant medical information to the accredited Exercise Physiologist as part of their proposed care plan.
6. I hereby acknowledge my consent to the performance of the proposed care by the accredited Exercise Physiologist. I understand that I can withdraw consent at any time. I understand that I have given my consent voluntarily without duress or inducements being directed at me.
7. Failure to attend a scheduled appointment or untimely cancellation of an appointment for Exercise Rehabilitation will result in a charge

Patient's Signature
(Parent or Guardian to sign if patient is under 18 years)

Patient's Name (Printed)

Date