



Brisbane Perpetual Motion Physiotherapy Pty Ltd  
Trading as **BPM PHYSIO**  
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### SCOPE AND PURPOSE

The purpose of this document is to provide you with the information necessary to consent to treatment. Physiotherapy treatment is generally an effective and safe form of treatment, however, like any treatment there are benefits and risks. The purpose of this form is to let you know what your rights are and how we address the issue of collaborative decision making and informed consent between physiotherapist and patient. Your consent may be verbally withdrawn at any time.

### ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Completion of this form is compulsory for treatment to take place.

It is your responsibility to provide accurate information and to ensure that the **BPM PHYSIO** clinicians are aware of any relevant medical conditions, injuries or concerns that you have.

We will discuss your condition and options for treatment with you so that you can make informed decisions relating to your treatment. You may choose to consent or refuse any form of treatment for any reason including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time. You are encouraged to ask questions about the treatment proposed, terminology used, or other treatment options available to you.

By signing this form, you acknowledge the information given regarding your medical history and personal details to be accurate, current and authorise this information to be recorded in your cloud-based treatment record. Any change of details should be disclosed to **BPM PHYSIO** as soon as practicable.

### AVAILABLE TREATMENTS

- Electrotherapy modalities – TENS, ESWT (Extracorporeal Shockwave Therapy)
- Manual therapy, Joint/spinal Mobilisations or Manipulations (high Velocity Thrust – HVLTAT)
- Heat/Cold Therapy
- Dry Needling
- Soft/deep tissue massage, Trigger Point Therapy and Myofascial Release, Cupping (dynamic and static)
- Exercise Rehabilitation Programs including stretches
- Kinesio taping and Rigid Taping/Strapping

Both scientific and clinical evidence have shown the above treatments listed to be a safe and effective management to address short/long term symptoms and injuries.

### RISK VERSUS REWARD

As with all forms of treatment, there are risks and benefits (reward). The risk of injuries, complications or adverse reactions from physiotherapy is minimal. In a minority of cases treatment symptoms may heighten, resulting in temporary soreness, tenderness or mild discomfort, swelling or bruising. In some instances, you may experience fatigue, headaches, light-headedness, nausea and/or dizziness following treatment. The symptoms usually resolve completely within 24 hours after the treatment.

The physiotherapist risk versus benefit prior to commencing a treatment. For all treatments, the physiotherapist will seek your explicit verbal consent after explaining the treatment option with you. You are not obliged to undergo this treatment option. This is to ensure that you fully understand any risks involved. You may withdraw your consent at any time even if you have previously signed a consent form.

PERSONAL INFORMATION IN CONFIDENCE

## YOU NEED TO LET US KNOW

**WARNING - The risk related to some treatments can increase if the physiotherapist is not aware of certain facts.**

Please inform the physiotherapist if you have:

- A pacemaker or heart condition
- Suffered from blood clots, thrombosis or stroke
- Suffer from diabetes
- Are currently taking medication – including blood thinners such as WARFARIN
- if you are currently or intending to become pregnant

## QUESTIONS OF A PERSONAL NATURE

Your physiotherapist may ask personal questions relating to your injury and how your injury impacts on your 'activities of daily living'. The more information you provide, the more likely it is that the physiotherapist can provide effective treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let the physiotherapist know and they will cease.

## PHYSICAL CONTACT

During the examination, assessment, and treatment it may be necessary for your physiotherapist to make physical contact. Your physiotherapist will ask your permission before making physical contact with you in any way. Wherever possible, contact will be made using a towel or other forms of screening. Physical contact requires your express consent. You may withdraw consent at any time at which point, all physical contact will cease immediately. Please inform your physiotherapist if you feel uncomfortable at any time.

## CHILDREN & MINORS

Consent from a custodial parent is required to treat a minor. The custodian must be present in the treatment room.

## SUBSTITUTED CONSENT

Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

I [redacted], hereby give my informed consent to the physiotherapy and the recording of my personal health data with **BPM PHYSIO**. The treatment may involve the manipulation of soft tissues and joints or Dry Needling for which the treating physiotherapist will provide me with details of the treatment and possible side effects at the time of review. This will be noted in my treatment record. I authorise **BPM PHYSIO** to access my online imaging records if required.

Sign	Date
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