



As part of my physiotherapy treatment plan for the management of _____,
I consent to follow-up treatment sessions conducted by Pavas Jaiswal, physiotherapist assistant.

These treatment sessions will adhere to the treatment plan outlined by Estelle Barry,
Physiotherapist, and may include:

- a) Assistance with exercise or supervision to ensure correct technique
- b) K-taping to enhance effect of therapeutic exercise.

On occasion, assistance with exercise may include manual techniques, such as assisted stretch,
manual resistance, etc.

Difficulties with the treatment plan, such as increase in symptoms, will be immediately
communicated to Estelle Barry, and the treatment plan suspended until review is possible.

Dated this _____ day of _____, 20_____.

Patient Signature (Legal Guardian)

Witness Signature

Name: _____
Please print

Name: _____
Please Print