

## Informed consent to treatment /assessment

The undersigned clinician has received verbal consent for the following patient/client:

\_\_\_\_\_

For the purpose of:

**INITIAL SCREENING** \_\_\_\_\_

**ASSESSMENT** \_\_\_\_\_

**THERAPY PLAN** \_\_\_\_\_

The patient/client has been informed of the following aspects of the proposed plan:

- the purpose of the screening/assessment/the nature of the therapy
- who will be providing the screening/assessment/therapy service(s)
- the reason for the screening/assessment/expected benefits of the therapy
- the material effects, risks and side effects of the screening/assessment/therapy
- the alternative courses of action, if applicable

### Additional Information:

Date of Service Initiation: \_\_\_\_\_

Location of Service Provision: \_\_\_\_\_

Schedule of Service Provision: \_\_\_\_\_

The patient/client or caregiver has reviewed the above plan with the

Speech Language Pathologist \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Physiotherapist \_\_\_\_\_

Social Worker \_\_\_\_\_

Registered Dietitian \_\_\_\_\_

He/She understands the explanation and has no further questions. Consent to participate in this plan is voluntary.

\_\_\_\_\_  
Verbal Consent received on (Date)

\_\_\_\_\_  
Independent Practitioner's Signature      Date

\_\_\_\_\_  
Patient/Client's Name

\_\_\_\_\_  
Independent Practitioner's Name