

# LVW Physio Brussels Patient Policies and Authorization Form

At LVW Physio Brussels we are committed to helping individuals of all ages to lead pain-free and healthy lifestyles. Using diverse and integrated approaches, we will not only deal with your specific injury but will also work towards the larger goal of a healthy and balanced body for life.

LVW Physio Brussels is an independent clinic located in Hoeilaart with a satellite clinic in St Gilles.

## What therapy includes

Each session lasts 45 mins to 1 hour and includes use of exercise therapy, mobilizations, manipulation, deep dry needling, home exercise programming and modalities (electrical stimulation/cold laser/ultrasound).

Patients are expected to dress appropriately for the treatment session i.e. shorts and t-shirt according to the area being treated. Clothing may need to be removed for treatment purposes according to the area being treated.

## Manipulation/Deep Dry Needling

Based on assessment it may be determined by the physiotherapist that the patient would benefit from manipulation/Deep dry needling. Manipulation is a single, quick, high acceleration low amplitude thrust technique used for the purpose of increasing movement in a joint/area that is moving less than it should. Deep Dry Needling is a myofascial technique using an acupuncture needle to release trigger points located within the muscle that is contributing to an individual's pain.

For patients under the age of 18, consent is required from a parent/guardian in order to manipulate/Deep dry needle. Please sign below if as the parent/guardian you consent to the use of manipulation/deep dry needling if determined appropriate by the physiotherapist.

I \_\_\_\_\_ hereby consent to the use of manipulation on my child/dependent if deemed appropriate by the physiotherapist.

## Appointments and Cancellation policy

All appointments are scheduled one on one with a physiotherapist for up to one hour. We schedule appointments to provide quality of care so please arrive on time for each scheduled appointment. Notice of **at least 24 hours** should be given by phone/text/email in the event of cancellation of appointment. **If notified with less than 24 hours the patient will be charged for the session.**

## Electronic Communication

I give consent to LVW PhysioBrussels to use electronic communication, including the sending of emails or text messages, for means of scheduling appointments, discussing personal health information and providing information related insurance billings. When an email is sent or received, the information is not encrypted. This mean that a third party may have access to the information. I understand the risk of unencrypted electronic communication and give LVW Physiobrussels permission to send information via email and text message. I have the option to OPT out from receiving electronic communication by checking the first box below this section.

OPT Out: I do not want to receive electronic communication, including email and text message, from LVW PhysioBrussels

**Attached questionnaire**

Please find attached a medical history questionnaire form to be filled out and returned upon first visit to the physiotherapist.

**Prescription**

A prescription from a doctor is required by Belgian *mutuelles* in order to receive a partial reimbursement for treatment sessions.

**Acknowledgement**

I hereby confirm that I have read and understood the above policies and agree to abide by the terms.

I, the undersigned, grant consent for treatment or services provided by LVWPhysioBrussels. I agree that I am responsible for all charges not covered by my insurance.

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_ (Signature of parent or legal guardian for minors under the age of 18)