



INFORMED CONSENT

(Includes Terms and Conditions)

Please read carefully and discuss any questions you may have with your Exercise Physiologist (EP). If you agree, please sign and date this form and bring it along to your initial EP consultation.

- **Purpose**

You consent to voluntarily engage in a specialised clinical exercise intervention, designed by your EP and agreed to by you, to prevent and manage your chronic condition(s), and assist in restoring your physical function, health and well-being. You understand that your exercise prescription will be evidence-based to ensure the safety and appropriateness of increasing your physical activity. You will have the opportunity to discuss with your EP your health concerns, make informed decisions and set specific, measurable, attainable, relevant and time-bound (SMART) goals. You will learn how Exercise Physiology can help you achieve your goals and reduce the risk of developing or progressing chronic complications. You understand that there are risks associated with participating in these activities, but that every effort will be made to ensure you are comfortable, well informed and exercise in a safe manner.

- **Procedures**

For individuals with a chronic condition, pre-screening and exercise testing is recommended before starting an exercise intervention. This helps your EP establish your baseline cardio-respiratory, neuro-muscular and metabolic capacities and identify any potential risks to exercise. You will be asked to perform a short walk or cycle test. Your heart rate, blood pressure and oxygen saturation levels may be monitored prior, during and directly after completing the test. You may stop the test at any time if you feel fatigued or suffer any discomfort. Your pre-screen may also include functional capacity tests, functional movement assessments, gait analysis, strength and flexibility ratings. You understand that your EP may be required to passively move your limbs to assess range of movement, reinforce technique or to adjust postural alignment. You consent to this physical therapy for the stated reason above.

- **Attendant Risks and Safeguards**

As with any exercise, there exists the possibility of certain changes occurring during the test. These include muscle and/or joint soreness, abnormal blood pressure, fainting, irregular/fast/slow heart rhythm and in rare instances heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information related to your health and fitness and by careful observation during testing. Your EP is fully trained in Cardio Respiratory Resuscitation (CPR) and First Aid with procedures in place to respond to injuries and emergencies. Based on your current health status and your level of risk for exercise, EP Clinic Noosa reserves the right to cancel or terminate the exercise test at any time.

- **Responsibilities of the Participant**

To prepare for your visits, you are required to be well hydrated and wear appropriate shoes and clothing. Information you possess about your health status, prescribed medications or previous experience of exercise-

related or heart-related symptoms (such as shortness of breath with low level physical activity, pain, pressure, tightness or heaviness in the chest, neck, jaw, back and/or arms) may affect the safety of your testing. Your obligation is to disclose your medical history, as well as any symptoms that occur during the testing/consultation. You are also expected to decrease or stop the exercise and/or test should you experience any discomfort. It is your responsibility to discuss with your EP strategies to remain asymptomatic, especially when beginning or modifying your exercise program.

- **Benefits to be Expected**

The results from the pre-screening tests will quantify your exercise capacity and allow your EP to apply clinical reasoning for the provision of your clinical exercise prescription. You will be provided specific health and physical activity education, advice and support to self-manage your condition(s). Your EP will help you to find enjoyment and ways to remain motivated to sustain a physically active lifestyle. You will learn to rate your level of physical exertion (RPE) during exercise and understand the frequency, intensity, time and type (FITT) of exercises that are right for you. The benefits of regular exercise include, greater quality of life, ease and ability to complete activities of daily living, wellness and vitality. You will also help to reduce Cardiovascular Disease (CVD) risk factors such as lipid profiles, blood pressure, body weight and prevent or delay the onset of T2DM if at high risk. You understand that there is no guarantee of results, but if you commit to follow your EP's plan, you may achieve greater health outcomes within the agreed timeframe.

- **Rights**

You understand that your participation in this personal health and fitness plan is entirely voluntary, and that you may withdraw from participating at any time.

- **Clients under 18 years of age**

For adolescence under the age of 18, a parent or legal guardian will need to provide this acknowledgement. Clinical notes made after the pre-screening consultation can be reviewed and signed as part of an open process.

- **Confidentiality and Privacy**

Your information will be stored electronically, protected with a password. You agree, where deemed appropriate by your EP, to photo's and/or video recordings of your biomechanical assessment. This information may be used to provide a baseline/progress report to your referring practitioner and/or other allied health practitioners involved in your care. The information and data, however may be used for statistical analysis or scientific purposes with your right of privacy maintained.

- **EP Clinic Noosa Terms and Conditions**

Appointments at EP Clinic Noosa may be required to be blocked booked to ensure the optimal outcome for your condition. There is a 24-hour cancellation policy that applies to all appointments. Please ensure to reschedule accordingly. You are also expected to pay for each appointment at the end of your session. You consent to receiving appointment reminders, exercise programs and other information from time to time regarding the services of EP Clinic Noosa – Exercise Physiology via SMS, email and/or mobile apps and understand you can opt out of these notifications at any time.

I have read this form and understand all points as they pertain to my condition and consent to participate in all activities of this plan as set out by my Exercise Physiologist.

Participant's Name

Signature of Participant

Date

Signature of Parent/Guardian (if under 18)

Date