

## CONSENT DECLARATION OF NECK EXAMINATION AND TREATMENT

By signing this form, I declare that I agree to the examination and treatment of my neck. I also declare that I am aware of any unexpected side effects and complications that the treatment may entail. This has been discussed verbally with me and I understand that. I know where I can find information about these side effects and treatment:

<https://www.fysiotherapiemefysio.com/informatie-en-downloads/nekklachten/>

Patient name: Mrs./Mr. \_\_\_\_\_

Date of birth: \_\_\_\_\_

During the discussion about research/treatment, consideration was given to:

- What examination and treatment entails
- Possible benefits and risks of the proposed treatment
- Being able to ask questions
- Possibility for the patient to choose another treatment

Hoofddorp / Purmerend, \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Therapist's signature: \_\_\_\_\_

I declare that:

- I have been sufficiently informed about the proposed treatment
- I have also understood this information
- I give permission for the proposed treatment to be carried out
- I give permission for research, mobilizations, manipulations and exercise therapy of the neck

Hoofddorp / Purmerend, \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Patient signature: \_\_\_\_\_