



OCCUPATIONAL THERAPY **CONSENT** FORM

To Assess Client and Obtain/Release Information

Last name

First name

Date of Birth

Part One: Consent for Occupational Therapy Assessment

I, the undersigned client or parent/guardian authorize the Occupational Therapist to:

- **Perform Assessments**
- **Provide recommendations, resources and training**

As deemed necessary for client.

I understand the results of the assessment and the recommendations will be discussed with me.

Signed: Name _____ Date _____
 Address _____
 Relationship to Client _____

Part Two: Consent to Obtain and Release Information

I, the undersigned client or parent/guardian, authorize the Occupational Therapist to:

- **Obtain** information and/or records from relevant agencies and individuals, e.g., medical facilities, physician, schools, Ministry for Children and Families, health unit.
- **Release** information and/or records to relevant agencies and individuals.
- **Discuss** pertinent information with representatives of relevant agencies and individuals.

As such information relates to the client.

Signed: Name _____ Date _____
 Address _____
 Relationship to Client _____

Part Three: Witness

Name _____

Signed _____ Date _____