

Exercise With Oxygen Therapy (EWOT) or Multistep Oxygen Therapy "Informed Consent & Acceptance of Responsibility"

I, _____ agree that I have been provided ample and substantial information in the form of written, printed and website information on EWOT or Multistep Oxygen Therapy before commencing the use of it.

I have either provided the clinic with a signed request from a healthcare practitioner that they advise the **Exercise With Oxygen Therapy** will be ok considering my current known medical health and any substance I'm taking (this includes, medications, vitamins, supplements, etc). I have also the opportunity to discuss the above items through a consultation with the consultant healthcare practitioner at Infinity Wellness Solutions if I have any concerns before I begin. If at any stage I feel unwell, react please immediately seek medical or emergency assistance or the treatment can be stopped. I have been shown how to use EWOT and assistance can be reached at reception.

I accept that if I have not seen a healthcare practitioner prior to undertaking therapy(s) above and are willing to go ahead with the therapies(s) advised above I do so at my own initiative and consequence. I agree that information has been provided on the above therapies.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content and by signing below, I agree to these conditions. I intend this consent to cover the entire course of the therapy(s) undertaken, including follow up treatments at any stage as long as it is undertaken at **Infinity Wellness Solutions 510 Glynburn Road Burnside SA 5066**. I am responsible for all fees and agree that they are payable in full once the service has been performed.

Printed Name of client

Print name of client's representative

Relationship or authority

Signature of client and/or representative

Date signed

Infinity Wellness Solutions
510 Glynburn Road
Burnside SA 5066
P: 08 8332 1960