

Professional Physical Therapy Consent

Clarification Text

Physical therapy is a healthcare specialty focused on the evaluation, diagnosis, and treatment of conditions that limit an individual's ability to move and function in their daily life. Physical therapists use a combination of hands-on techniques, exercise, and modalities to help alleviate pain, improve mobility, and restore function.

It is important to note that physical therapy is not a one-size-fits-all approach and each patient's treatment plan is individualized to their specific needs and goals. Physical therapists work closely with patients to develop a plan of care that takes into consideration their medical history, current symptoms, and functional limitations. Response to physical therapy intervention varies from person to person; hence it is not possible to accurately predict your response to a specific procedure, exercise protocol or modality. Our physical therapist does not guarantee what your reaction will be to a specific treatment, nor does she guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns.

It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms and examination results.

Consequently, it is your right to discuss the potential risks and benefits involved in your treatment. If you have any questions or concerns about physical therapy, it is recommended that you discuss them with your physical therapist or healthcare provider.

Consent Form

I, _____, hereby consent to receive physical therapy treatment from _____.

I understand that physical therapy is a treatment for various conditions, including but not limited to, pain, weakness, and limited mobility. Physical therapy may involve manual therapy, exercises, modalities, and other treatments deemed necessary by my physical therapist.

I acknowledge that physical therapy may cause temporary discomfort or soreness and I assume the risks associated with physical therapy treatment. I understand that I am responsible for communicating any discomfort or pain to my physical therapist.

I hereby authorize the Clinic to release any information regarding my physical therapy treatment to my physician(s) and/or other healthcare providers as deemed necessary.

I acknowledge that I have the right to refuse treatment and to discontinue physical therapy at any time.

I acknowledge that I have been informed of my rights as a patient receiving physical therapy and have had the opportunity to ask questions and receive answers to my satisfaction.

Full Name

Email

Birt Date

Phone Number

Address

Date

Signature



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