



Consent for Physical Therapy Treatment

I hereby consent to the evaluation and/or treatment of my condition by a licensed physical therapist employed by Physical Therapy Unlimited Inc. I understand the physical therapist will fully explain to me the evaluation and course of treatment and the nature and purposes of procedures. I understand that my body will need to be touched or specific areas of my body be observed. I understand the physical therapist will inform me of the expected benefits and possible complications or discomfort, and the steps to take at home to alleviate those symptoms. Educational materials will be provided to me or my family, and all questions will be answered to the best of the therapist's ability.

In order for physical therapy treatment to be effective, I must come to scheduled appointments unless there are unusual circumstances. I understand and agree to cooperate with and perform the home therapy program intended for me. If I have trouble with any part of my treatment program, I will discuss it with my therapist.

I understand there is no guarantee the proposed course of treatment will improve my condition; and that it is possible, although unlikely, that the course of treatment may cause additional pain, discomfort or aggravate my condition. I understand I will be given the opportunity to ask questions and the physical therapist will provide answers to the best of their ability.

I agree to cooperate and participate in all physical therapy procedures to the best of my ability, to comply with the plan of care as it is established by the therapist

I understand that ant anytime during treatment, I have the right to say "stop" and treatment will be stopped.

I confirm that I have read and fully understand this consent form.

Patient Signature _____

Date _____

Additional consent for treatment of a minor

I hereby consent to all of the above statements as they pertain to my minor child. I consent the therapist to perform therapy to my minor without my presence in the facility.

Signature _____

Date _____

parent guardian caregiver with consent of the parent or guardian

I consent my minor to leave Physical Therapy Unlimited Inc. on their own following the treatment session.

Signature _____

Date _____

- parent guardian caregiver with consent of the parent or guardian