

INFORMED CONSENT FOR PHYSICAL THERAPY TREATMENT

As you have consulted with EXOS Physical Therapy and Sports Medicine (“EXOS”) and have decided to receive physical therapy services from EXOS, **IT IS IMPORTANT THAT YOU, THE PATIENT, READ THIS CONSENT FORM CAREFULLY AND OBTAIN ANSWERS TO ANY QUESTIONS THAT YOU MAY HAVE.**

Physical Therapy: Physical therapy involves the use of several modalities of evaluation and treatment. Accordingly, at EXOS we use a variety of procedures and treatments to help us to try and improve your physical function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

As patient responses to a specific form of treatment can vary widely from patient to patient, it is not always possible to predict responses to a specific form of treatment. Therefore, EXOS cannot guarantee any reaction or success to a given form of treatment. There is also a risk that your treatment may result in pain, injury, or may aggravate a previous condition.

You have the right to inquire as to the form of treatment based upon your history, diagnosis, symptoms, and testing result. You may also discuss with your physical therapist the potential risks and benefits of a specific treatment and possible alternative treatments. You have the right to decline any portion of treatment at any time or during your treatment sessions. Your physical therapist stands ready to answer any questions you may have regarding a given course of treatment, type of exercise, associated risks, and possible alternatives. This Consent Form is based upon your informed decision to participate in the proposed treatment plan for physical therapy services as explained to you by the Physical Therapist identified below.

Consent for Care:

Name of Patient/ Authorized Legal Guardian (if applicable)

Diagnosis/Condition

Date of Evaluation (MM/DD/YY): _____

I hereby authorize and consent for EXOS, including _____ James Godin PT, DPT, SCS, PES _____ (Physical Therapist) and/or any physical, assistant or students in training under the direction of the Physical Therapist as selected by him/her, to provide physical therapy services in accordance with the proposed treatment plan which has been explained to me in a way that I can understand. I understand that some of the physical therapy services provided to me at EXOS may be performed by a physical therapist other than the Physical Therapist as identified in this Consent Form.

The above Physical Therapist has discussed with me in words that I can understand, my diagnosis, conditions, the reasons for and benefits of the proposed plan of physical therapy services, the reasonable likelihood of its success, the possible consequences of not choosing this plan, the possible risks associated with this plan, and possible alternatives and risk associated with those alternatives, as well as my goals of recovery and any potential problems that might arise during treatment. I understand and have discussed with the above Physical Therapist that my condition could also be treated by alternative procedures or therapies, but I have decided not to undergo these alternative treatments at this time. I understand that there are risks associated with physical therapy which may include the aggravation of previous injuries or the worsening of current conditions, as well as injuries common to the performance of exercise.

I understand that I am giving this consent with the understanding that any treatment/procedure involves some risks and hazards, and that no guarantees have been made to me as to any treatments or examinations by EXOS or the Physical Therapist and supporting staff. The approximate duration of my treatment has been discussed with me by the Physical Therapist indicated above.

PHYSICAL THERPAIST DECLARTION:

Prior to presenting this Consent Form, I have discussed with the Patient and/or the Patient's Guardian (if applicable) the planned examination/assessment; evaluation, diagnosis, and prognosis/plan; the intervention/treatment to be provided; the nature of the proposed treatment; the benefits reasonably expected from the proposed treatment, together with the material risks and dangers of the proposed treatment; treatment alternatives, as well as the risks and benefits of such alternatives; and that EXOS cannot provide any form of guaranty. I have explained the contents of this Consent Form to the Patient and/or the Patient's Guardian (if applicable) and have answered all of the Patient's and/or the Patient's Guardian's (if applicable) questions in a language the Patient and/or the Patient's Guardian (if applicable) understands and all questions have been answered in a satisfactory manner. To the best of my knowledge, the Patient and/or the Patient's Guardian (if applicable) has and/or have been adequately informed and has and/or have consented to this treatment/plan of care.

_____ Date: _____
Physical Therapist Signature (MM/DD/YY)

PATIENT CONSENT:

I HEREBY CERTIFY THAT I HAVE READ THIS FORM (OR HAVE HAD IT READ TO ME) AND FULLY UNDERSTAND THE ABOVE CONSENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I DO NOT DESIRE ANY FURTHER EXPLANATION AND UNDERSTAND AND ACKNOWLEDGE THAT COMPLICATIONS CAN RESULT.

I CERTIFY THAT I HAVE HAD SATISFACTORY OPPORTUNITY TO DISCUSS MY CONDITION, DIAGNOSIS, AND TREATMENT WITH THE ABOVE PHYSICAL THERAPIST WHO HAS FULLY EXPLAINED THE NATURE AND EXPECTED BENEFITS, ALTERNATIVES AND RISKS INVOLVED IN THE PROPOSED PLAN FOR PHYSICAL THERAPY SERVICES I HAVE CHOSEN AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I HAVE BEEN GIVEN ENOUGH INFORMATION AND FACTS UPON WHICH TO MAKE AN INFORMED DECISION ABOUT CHOSING THE PROPOSED PLAN FOR PHYSICAL THERAPY SERVICES, THE ALTERNATIVES, AND RISKS IN MY OWN LANGUAGE AND IN A MANNER THAT I CAN UNDERSTAND. I ACCEPT THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE PROPOSED PLAN FOR PHYSICAL THERAPY SERVICES. I UNDERSTAND THAT THE PROPOSED PLAN FOR PHYSICAL THERAPY SERVICES MAY NOT IMPROVE MY CONDITION AND MAY, IN FACT, WORSEN IT.

I CERTIFY THAT I HAVE DISCLOSED COMPLETELY AND TRUTHFULLY ALL OF MY MEDICAL HISOTRY; MY COMPLAINTS AND/OR AILMENTS; AND MY USE OF ALL PRESCRIPTION AND NON-PRESCRIPTION DRUGS, VITAMINS, MINERALS, AND DIETARY SUPPLEMENTS.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS CONSENT FORM AND I VOLUNTARILY AUTHORIZE AND CONSENT TO THE PROPOSED PLAN FOR PHYSICAL THERAPY SERVICES.

DO NOT SIGN THE BELOW UNLESS YOU HAVE READ AND THROUGLY UNDERSTAND THIS CONSENT FORM:

Name of Patient (Print or Type)

Signature of Patient

Date (mm/dd/yyyy)

Name of Legal Guardian (Print or Type)
(Required if Patient is a minor or an adult who is unable to sign the form)

Relation to Patient

Signature of Legal Guardian
(Required if Patient is a minor or an adult who is unable to sign the form)

Date (mm/dd/yyyy)

Using the Patient's primary language, _____, the interpreter acknowledges the patient understands and agrees with the above statement.

Interpreter's Printed name

Interpreter's Signature

Date (mm/dd/yyyy)