

EXOS PHYSICAL THERAPY AND SPORTS MEDICINE

CONSENT TO TREAT

SERVICES

Physical and Occupational Therapy Services include, but are not limited to:

- + Evaluations/Re-Evaluations
- + Manual Therapy/Joint Mobilizations
- + Therapeutic Exercise/Flexibility
- + Neuromuscular Re-Education
- + Iontophoresis/Phonophoresis
- + Electrical Stimulation/Biofeedback
- + Trigger Point Dry Needling (if permitted)
- + Ice/Heat/Vasopneumatic Compression

CONSENT TO TREAT

As you have consulted with EXOS Physical Therapy and Sports Medicine, LLC ("EXOS") and have decided to receive physical/occupational 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 & Occupational Therapy: physical or occupational therapy involves the use of several modalities of evaluation and treatment as noted above. 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/occupational 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 results. You may also discuss with your physical or occupational 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 or occupational 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 form is based upon your informed decision to participate in the proposed treatment plan for physical/occupational therapy services as explained to you by the physical or occupational therapist.

I hereby authorize and consent for EXOS Physical Therapy and Sports Medicine, LLC, physical or occupational therapy services in accordance with the proposed treatment plan which has been explained to me in a way that I can understand.

The physical or occupational 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/occupational 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 physical or occupational 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 or occupational 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, the physical/occupational therapist, and supporting staff. The approximate duration of my treatment has been discussed with me by the physical or occupational therapist.

Patient Print Name _____ Signature _____ Date _____

Guardian Print Name _____ Signature _____ Date _____