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# FREE BODY SF, LLC

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## **INFORMED CONSENT FOR PHYSICAL THERAPY SERVICES**

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability.

The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention/treatment and re-examination by use of rehabilitative procedures including, but not limited to: joint mobilization, soft tissue mobilization, therapeutic exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate functional recovery.

Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Free Body SF does not guarantee what your reaction will be to a specific treatment, nor does it 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. You have the right to make decisions about your own participation in examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment and re-examination to be provided. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment, as well as the anticipated time frames, the anticipated costs, and any reasonable alternatives to the recommended intervention.

I have read this consent form and understand the risks involved in physical therapy and agree to full cooperate, participate in all physical therapy procedures, and comply with the established plan of care. I authorize the release of my medical information to appropriate third parties.

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Print Patient Name

Patient/Parent/Guardian Signature    Date