

## Consent to Physical Therapy treatment

1. I, \_\_\_\_\_ ("Patient") consent to evaluation and/or treatment for my condition by a licensed physical therapist employed by or under contract for Fyzical Therapy & Balance Centers.
2. I further acknowledge that the purpose of the care, reasonable alternative forms of therapy, risks of the recommended and alternative care and the risks of foregoing this care have been fully explained to and understood by me.
3. I recognize that the practice of physical therapy is as much an art as a science, and therefore acknowledge that no guaranties have been or can be made regarding the likelihood of success or outcome of any therapy.
4. I also recognize that physical therapy care may involve the touching of my body by Therapist or other members of the Clinic's professional staff and that full or partial disrobing may be required to facilitate such care.
5. I agree to cooperate fully and to participate in all physical therapy care procedures, to comply with the plan of care as it is established and to pay Clinic's charges for such care upon my receipt of Clinic's invoice for such care.
6. I have read the above and I certify that I have had an opportunity to discuss the contents thereof to my satisfaction. By signing below, I am hereby consenting to the physical therapy care described above, to be performed by Therapist or other members of Clinic's professional staff, as determined by Therapist from time to time.

Patient or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Representative Name: \_\_\_\_\_ Representative Capacity \_\_\_\_\_  
 (Parent, Guardian, etc.)

Reason for execution by Representative: \_\_\_\_\_

NOTE: Where this General Request for and Consent to Physical or Occupational Therapy Treatment ("Consent") is executed by the Patient's Representative, such Representative certifies to Therapist that: (1). Representative is authorized to execute this Consent on behalf of Patient for the reason stated above; (2). Representative has read the Consent and has had an adequate opportunity to discuss its contents with Therapist; and (3). Representative has discussed with Therapist the Patient's condition, recommended course of therapy, some alternative methods of care and the general hazards connected therewith and is fully informed concerning the same.

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## Acknowledgement of Notice of Privacy Practices

I, \_\_\_\_\_ have reviewed a copy of Fyzical Therapy & Balance Center's Notice of Privacy Practices. A copy of this notice is available upon my request.

I give permission to my therapist to discuss my health status with family members listed below:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Also, given the unique recreation center environment of Fyzical Therapy & Balance Centers, I give permission for the physical therapists at Fyzical Therapy & Balance Centers to confer when appropriate with recreation center personnel regarding exercise advice specific to my condition.

\_\_\_\_\_  
 Signature of Responsible Party

\_\_\_\_\_  
 Date