



INFORMED CONSENT FOR PHYSICAL THERAPY

Physical therapy involves the use of many different types of physical evaluation and treatment. At Paradigm Physical Therapy, P.C. we use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help your condition. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session. Therapeutic exercises are an integral part of most physical therapy treatment plans and exercise has inherent physical risks. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to explain them.

Authorization to Pay Benefits to Paradigm - I hereby authorize payment directly to Paradigm for medical benefits, otherwise payable to me for services described.

Authorization for Payment - I hereby promise to pay Paradigm for any professional services rendered covered by my insurance or any balance due after insurance payment has been made.

I acknowledge that my treatment program has been explained by Paradigm Physical Therapy, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of physical therapy as outlined to me, and I wish to proceed.

I have read the above information and I consent to physical therapy evaluation and treatment.

Print Name

Date

Patient or Parent/Guardian Signature

Therapist Signature and Date