



CONDITION AND CONSENT FOR OUTPATIENT TREATMENT

In order for physical therapy to be most effective, I understand that:

COOPERATION WITH TREATMENT:

I must attend my appointments as scheduled unless there are unusual circumstances that could prevent me from attending therapy. I understand that I may be discharged from physical therapy if I fail to keep three (3) appointments without calling at least 24 hours in advance to cancel. I agree to cooperate with the home program assigned to me. If I have difficulty fulfilling my program, I will discuss this with my therapist.

NO GUARANTEE:

The staff of the physical therapy department does not promise me a cure for my condition. They will share with me the available statistics and studies regarding the results of physical therapy treatment for my condition. They will discuss all treatment options with me.

INFORMED CONSENT TO TREATMENT:

The term "informed consent" means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. The staff of the physical therapy department provides a wide scope of services and will dispense information at the initial visit on the treatment/assessment options available for my condition.

POTENTIAL RISKS:

I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury. This discomfort is generally temporary and will probably subside in 24 to 48 hours.

POTENTIAL BENEFITS:

I may experience an improvement in my symptoms and an increase in my ability to perform my daily activities. I may experience increased strength, awareness, flexibility, and endurance in my movements. I may also experience decreased pain. Ultimately, I will have greater knowledge about managing my condition and the resources available to me.

ALTERNATIVES:

All physical therapy treatment options available for my condition will be explained to me.

I may inquire on the cost of these services and discuss them with my therapist. If I do not wish to participate in the program, I may discuss my medical, surgical, or pharmacological alternatives with my physician.

Based on the information I have received from the therapist, I voluntarily consent to physical therapy treatment. I understand that I may withdraw at any time.

_____	_____	_____
Patient's Signature	Therapist's Signature	Date