

Healthy Body Physical Therapy

Informed Consent

Patient Name: _____

Date ____/____/____

I hereby voluntarily consent to engage in the services provided by the appropriate personnel of Healthy Body Physical Therapy. These services may include physical therapy evaluation/treatment, rehabilitation, fitness training, conditioning, sports performance and/or wellness training program with the intent to improve my general health, well-being, quality of life and/or sports performance.

I agree to provide full disclosure of my present medical condition, past medical history and physical assessment. I acknowledge that a comprehensive examination is required in order to determine my physical capacity to participate in an individualized goal-specific physical therapy and wellness program. I consent to these procedures and agree, if necessary, to acquire a physician's approval to participate in the physical therapy and wellness training program if requested by the physical therapist. I acknowledge that this program may offer benefits to my physical fitness and/or general health; however, I understand the practice of physical therapy is not an exact science and can not guarantee the successful completion or results of the treatment provided.

I have been informed that the information obtained in this program will be treated as privileged and confidential and will not be released to any person without my express written consent except as required by law. I agree to the use of any information for the purpose of consultation with other health/wellness professionals, including my doctor. Any other information obtained however; will only be used by the owners, operators, agents, employees, therapists, and instructors of Healthy Body Physical Therapy in the course of recommending interventions for me and evaluating my progress in the program. I understand I have right to ask questions at any time during the course of my care.

Signature: _____

(relationship to patient: self - guardian - other)

Date ____/____/____