

# Care Medical Group

## PHYSICAL THERAPY

### Informed Consent for Physical Therapy

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 by use of rehabilitative procedures, mobilization, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate the rate of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.*

Response to physical therapy intervention varies from person to person; hence, it is not possible to guarantee your response to a specific modality, procedure, or exercise protocol. Care Medical Group cannot guarantee what your reaction will be to a specific treatment, nor can we guarantee that the treatment will help resolve the condition for which you are seeking treatment. There is also a risk that your treatment may result in pain or may aggravate a previous condition.

It is your right to decline any part of treatment at any time before or during treatment. 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. It is your right to discuss the potential risks and benefits involved in your treatment.

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I understand that in order for physical therapy treatment to be effective, I must come to scheduled appointments unless there are unusual circumstances. I further understand and agree to cooperate with and perform the home physical therapy program intended for me. If I have trouble with any part of my treatment program, I will discuss it with my therapist.

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care.

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**Printed Name**

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**Signature**

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**Date**

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