

Informed Consent For Physical Therapy Services

Physical Therapy is a patient care service that is provided in order to manage and treat a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, ethnicity, creed, national origin or disability. The purpose of physical therapy is to prevent and treat disease, injury and disability and maximize function through examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures; mobilization of joints and soft tissue, manipulation, exercises, patient education and physical agents to help the patient reach their greatest potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures are thoroughly explained to you as needed and requested before you are asked to perform or participate in them. Some procedures involve physical proximity and the therapist physically touching the patient.

Response to physical therapy intervention varies from person to person; hence it is not possible to accurately predict your response to a specific procedure, exercise protocol or modality. Lilian Holm, PT, DPT does not guarantee your response to a specific treatment, nor does she guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury. It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. 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. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I understand that by participating in physical therapy I may be exposed to pathogens, including Covid-19, and that while Lilian Holm, PT, DPT will make efforts to protect me from infection, she is not responsible for any harm that may come to me due to such infection.

I understand that it is also possible that forgoing physical therapy treatment may result in progression of my injury/problem. I have read this consent form and understand the potential risks and benefits involved in physical therapy. I understand that the success of my treatment depends on my ability and willingness to cooperate and participate in all physical therapy procedures and comply with the established plan of care. I agree to disclose any pertinent pre-existing conditions and responses to treatment during the course of physical therapy. I authorize the release of my medical information to appropriate third parties, such as my referring physician (MD or DO), dentist or podiatrist.

I request to be subscribed to newsletters from Lilian Holm Wellness and other announcements from Lilian Holm Wellness (re: classes, scheduling etc).

Patient name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_