CONDITIONS & CONSENT FOR PHYSICAL THERAPY

I understand I am being provided free care today and will not hold Health Link Physical Therapy, LLC or any other entity liable for services rendered here. I understand that I am receiving this care by Nicole LaLonde, DPT, who is an independent licensed physical therapist at Health Link Physical Therapy, LLC.

No warranty: I understand that there are no guarantees regarding a cure for or improvement in my condition. I understand that my physical therapist will outline and discuss goals of physical therapy treatment for my condition and will discuss treatment options with me before I consent to treatment.

Informed consent for treatment:
The term "informed consent" means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to you. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and 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 or condition. This discomfort is usually temporary; if it does not subside in 48 hours, I agree to contact my physical therapist.

Potential benefits: I may experience an improvement in my symptoms and an increase in my ability to perform daily activities. I may experience increased strength, awareness, flexibility and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me. I may feel more empowered to care for my body.

Alternatives: If I do not wish to participate in the therapy program, I will discuss my medical, surgical or pharmacological alternatives with my physician or primary care provider.

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

_____ _____
Patient Name Date

_____ _____
Signature of Responsible Party Therapist signature / Date

Contact information:

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