

## Consent to Treatment

Physical therapy and Chiropractic are patient care services provided in response to a wide range of medical care needs of patients of all ages regardless of gender, color, ethnicity, creed, national origin, or disability.

The purpose of physical therapy and chiropractic is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization / manipulation, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of the functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.

We would appreciate your full cooperation with the evaluation and treatment program. Because of the nature of services provided, you might be asked to disrobe. If this is necessary, your privacy, modesty and dignity will be considered at all times. Should you feel uncomfortable or embarrassed, you may refuse or stop the procedure.

There are certain inherent risks with treatments because you will be asked to exert effort and perform activities with increasing degree of difficulty that could cause an increase in your current level of pain or discomfort or an aggravation to your existing injury. You will be able to stop treatment if you feel any discomfort or pain. We will take every precaution necessary to ensure you are protected from any potentially hazardous situation. You will never be forced to perform any procedure you do not wish to perform.

Based on the above information, I agree to cooperate fully, to participate in all physical therapy and chiropractic procedures and to comply with the plan of care as it is established. I have read this consent form and authorize the release of medical information to appropriate third parties.

Signature \_\_\_\_\_

Date \_\_\_\_\_