POINT TO POINT
MOBILE PHYSICAL THERAPY

CONSENT TO EVALUATE AND TREAT FORM

Consent for Physical Therapy Services

I voluntarily consent to the physical therapy examination, evaluation, re-evaluation, and treatment provided by the licensed physical therapists, physical therapist assistants, and authorized personnel of this practice, as permitted by applicable law.

I understand that physical therapy interventions may include, but are not limited to; skilled examination; therapeutic exercise and therapeutic activities; neuromuscular re-education; manual therapy techniques; gait, balance, and functional mobility training; patient education; development and progression of a home exercise program; and the application of therapeutic modalities and other interventions deemed clinically appropriate within the scope of physical therapy practice.

Risks, Benefits, and Alternatives

The nature, anticipated benefits, potential risks, and reasonable alternatives to physical therapy have been explained to me. I understand that, although every effort will be made to provide safe and effective care, no guarantees have been made regarding the outcome of treatment.

Potential risks include, but are not limited to, temporary pain or symptom exacerbation, muscle soreness, soft tissue irritation, bruising, fatigue, dizziness, skin irritation associated with therapeutic modalities, and, in rare instances, injury despite adherence to accepted standards of clinical practice.

Patient Acknowledgment

I certify that I have provided accurate and complete health information to the best of my knowledge and agree to inform my therapist of any changes in my medical condition, medications, or functional status that may affect my care. I understand that I may ask questions regarding my treatment at any time and may refuse or discontinue any recommended intervention without affecting my right to future care.

Authorization

By signing below, I acknowledge that I have read and understand this consent, have had the opportunity to ask questions, and voluntarily authorize the evaluation and provision of physical therapy services as determined to be medically necessary and clinically appropriate by my treating provider. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this clinician. All of my questions, related to the plan of care and possible risks, were answered to my satisfaction.

I, _____, authorize my evaluation and treatment by Point to Point.

_____ _____

Patient or Authorized Representative (Print / Signature) Date

_____ _____

Joshua Stallings, DPT Date

☐ I was offered a copy of this consent and refused.