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Informed Consent Form

You have consulted with Functional Home OT, LLC and have decided to receive therapy services. **It is important that you, the client, read this consent form carefully and obtain answers to any questions that you may have.**

Physical and Occupational Therapy: Physical therapy involves several methods of evaluation and treatment. We use a variety of procedures and treatments to help us try and improve your physical and psychosocial function. As with all forms of medical treatment, there are benefits and risks involved. Patient responses to a specific form of treatment can vary widely from patient to patient, and it is not always possible to predict responses to a given form of treatment. There is a risk that your treatment may result in pain, injury, or aggravation of a previous condition.

Speech Therapy: Speech involves several methods of evaluation and treatment. We use a variety of procedures and treatments to help us try and improve your function. As with all forms of medical treatment, there are benefits and risks involved. Patient responses to a specific form of treatment can vary widely from patient to patient, and it is not always possible to predict responses to a given form of treatment. There is a risk that your treatment may result in pain, injury, or aggravation of a previous condition.

Your rights

- *You have the right to inquire as to the form of treatment based upon your history, diagnosis, and symptoms.*

- *You and your provider will discuss the potential risks and benefits of a specific treatment and possible alternative treatment.*
- *You have the right to decline treatment at any time or during your treatment sessions.*

Your therapist will answer questions you may have regarding a given course of treatment, type of exercise or treatment method, associated risks, and possible alternatives.

This consent form is based upon your informed decision to participate in the proposed treatment plan for therapy services. The therapist identified on this form has discussed with me in words that I can understand, my diagnosis, conditions, reasons for and benefits of the plan of care, the reasonable likelihood of success, the possible material risks of not following the plan of care, the possible risks associated with the plan of care, and possible alternatives and risks associated with those alternatives. The therapist identified on this form and I have discussed my goals of recovery and potential problems that might arise during treatment. I have decided not to participate in alternative treatments at this time. I understand there are risks associated with therapy as described above. I am giving this consent with the understanding that any treatment or services involve some risks and hazards, and that no guarantees have been made to me.

I acknowledge that services may be provided to me by another therapist other than the one identified on this form.

I HEREBY CERTIFY THAT I HAVE READ THIS FORM (OR HAVE HAD IT READ TO ME) AND FULLY UNDERSTAND THE ABOVE CONSENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS,

AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I DO NOT DESIRE ANY FURTHER EXPLANATION AND UNDERSTAND AND ACKNOWLEDGE THAT COMPLICATIONS CAN RESULT.

Name of Patient/Authorized Legal Guardian	Date
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Name of Provider obtaining consent

