

**Bailey Physical Therapy and Wellness**  
**Evaluation and Treatment Informed Consent**

**Evaluation and Treatment Objectives:**

I understand the tests to be administered to me are for the purposes of determining my present level of health and physical ability. The evaluator will assess my present level of health and physical ability through Physical and Functional Evaluation, interview and information gathering. The results of these tests will be used by the evaluator to determine appropriate treatment and to make recommendations to my physician and/or case manager.

**Explanation of Procedures for the Evaluation and Treatment:**

The EVALUATION/TREATMENT consists of History, Physical Assessment and Functional Assessment.

*History* involves how and when you were injured, course of treatment for the injury, area and level of pain, medications, medical/surgical history and your goals for the future.

*Physical Assessment* will test range of motion, strength and pain production at each major joint associated with your injury.

*Functional Assessment* such as climbing, crawling, walking, balance, repeated grip, repeated motions and squatting.

**Description of Potential Risk/Discomfort**

You may experience an increase in muscle soreness with the evaluation/treatment. There are everyday risks experienced while working and performing activities of daily living. As such, this evaluation/treatment presents no greater risk than those associated with working and activities of daily living. There are expected, normal responses that may occur during the evaluation/treatment. These include, but are not limited to, increased heart rate, blood pressure, and respirations associated with physical exertion. As with all activities, a remote possibility exists of re-injury or of developing a new injury. The possibility also exists of abnormal systemic responses during the evaluation/treatment including, but not limited to, fainting, unsafe heart rate, blood pressure etc... In extremely rare instances heart attack, stroke, or death may occur. **Every effort will be made to minimize these risks by the provision of appropriate supervision during the evaluation/treatment.**

**Responsibility of the Participant**

I understand information I may possess about my health status or previous experiences of unusual feelings with my physical effort may affect the safety and value of my test results. I also understand that in order for the evaluator to make the appropriate recommendations, I should participate to my maximal level. I understand that I should promptly report unusual feelings, discomfort and/or pain during the Evaluation/Treatment.

**Inquiries**

Any questions about the procedures used during the Evaluation/Treatment are encouraged. I understand that if I have any doubts or questions, I will ask for further explanation from the evaluator and that I will be given an explanation.

**Freedom of Consent**

I understand my permission to perform the Evaluation/Treatment is voluntary. I am free to deny consent or stop the Evaluation/Treatment at any time if so desired.

I have read the foregoing information and understand it. Questions concerning these procedures must be answered to my satisfaction. I also understand that I am free to deny answering any questions during the Evaluation/Treatment, or to withdraw consent and discontinue participation at any time. I also verify I have provided accurate information regarding my condition, health history, physical examination and fitness.

**Patient Release of Information**

I hereby give permission to my physicians to release my medical information to Bailey Physical Therapy and Wellness, LLC. I also hereby authorize Bailey Physical Therapy and Wellness, LLC to furnish all information it may obtain regarding my condition, treatment and progress (including the history obtained, physical findings, diagnosis and prognosis) to myself, my insurance company or its insurance representatives, my physician and/or my attorney. This authorization shall remain valid for a period of one year or until evoked by me in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent or Guardian (If worker is under 18)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date