



INFORMED CONSENT TO PHYSICAL THERAPY TREATMENT

TREATMENT AUTHORIZATION: I (print name) _____ hereby request for, consent to, and authorize physical therapy treatment procedures performed by Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation including but not limited to orthopedic manipulations adjustments therapies (HVLA grade 5), spinal manipulations adjustments (HVLA grade 5), spinal mobilizations (grades 1-4), spinal decompression traction manipulations adjustments (HVLA grade 5), spinal decompression traction mobilizations (grades 1-4), joint manipulations adjustments (HVLA grade 5), joint mobilizations (grades 1-4), joint decompression traction manipulations adjustments (HVLA grade 5), joint decompression traction mobilizations (grades 1-4), connective tissue mobilizations and/or manipulations adjustments (grades 1-4, HVLA grade 5), myofascial release, muscle stretching, muscle energy technique, active release, instrumented assisted soft tissue mobilizations and/or manipulations adjustments (grades 1-4, HVLA grade 5), therapeutic functional massage, percussive massage, ice massage, active and passive stretching, ROM passive/assisted, mechanical traction, cupping suction therapy, heat/ice therapy, ultrasound, infrared light therapy, laser therapy, magnetic resonance therapy, shockwave therapy, electrical stimulation therapy, gait training, therapeutic exercises, neuromuscular reeducation techniques, home exercise prescriptions, kinesio taping, therapeutic activities, and other procedures within the scope of physical therapy practice, for myself and/or my minor or child by Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation

POSSIBLE RISKS: Physical therapy treatment, including spinal manipulations adjustments, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be an effective treatment for many orthopedic, musculoskeletal, neuromuscular, neck and back conditions involving pain, numbness, muscle spasm, loss of mobility, and other similar symptoms. Physical therapy treatment procedures have been recognized as one of the safest drug-free forms of pain relief therapy. Physical therapy is essential for preventative care and maintenance to assist in keeping you healthy, active and functioning at an optimal level. However, as with any health care procedure, complications are possible following a physical therapy procedure. Some risks include but are not limited to the possibility of:

- Sprains/strain injuries, dislocations, and in rare instances fractures
- Injuries to intervertebral discs, nerves or spinal cord
- Injuries to arteries or neck leading to cerebrovascular incident
- Minor stiffness or soreness, bruising, petechiae, skin irritation

The risk of injury or complications from a physical therapy treatment procedure are rare and are substantially lower than that associated with many other medical treatments, medications and surgical procedures.

MEDICAL DOCTOR: Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation believes your medical doctor is a vital part of your healthcare team. As such, upon your request, we will send evaluations and progress reports to the physicians listed below:

Physician Name: _____ Number: _____

Specialty: _____ Address: _____

City: _____ State: _____ Zip Code: _____

FINANCIAL RESPONSIBILITY FOR ALL THERAWORX REHAB SERVICES: I understand and agree to the following policies regarding fees and financial responsibilities: Payment is required at or before each visit services are rendered and are as follows: New/First Patient Office Visit Fee and Existing Patient/Follow-up Office Visit Fees. I acknowledge that I am responsible for charges incurred for all treatments. I further understand, that Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation to take action to secure payment of an outstanding balance owed.

CANCELLATION AND/OR NO-SHOW POLICY: Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation urges you to keep every appointment, as consistent treatment provides optimal benefit. In the event you need to cancel an appointment, we require at least 48 hours' notice for new and existing patients. Any patients who cancel without proper notice or fail to show for a scheduled appointment will be subject to a charge equal to the price of the appointment initially scheduled. Arrival more than 15 minutes after the time of your scheduled appointment or if the clinician waits more than 15 min when traveling to patient location may be considered a failed appointment. If the doctor decides to treat you for whatever time is remaining from your appointment, then your treatment will be reduced to ensure that we are still being fair and reasonable to the next scheduled patient.

NO GUARANTEES: I understand that my Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation cannot make any promises or guarantees regarding a cure for or improvement in my condition. I do not expect the Physical Therapist to be able to anticipate and explain all risks and complications. I wish to rely on the Physical Therapist to exercise judgment during the course of the procedure for which the Physical Therapist feels are in my best interests at the time, based upon the facts then known.

REVOCATION OF AUTHORIZATIONS: These authorizations may be revoked by me, in writing, at any time. Such revocation will not affect my financial responsibility to pay for services rendered.

PATIENT ACKNOWLEDGEMENT: I attest, to the best of my knowledge, all the information I provide to Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation is accurate and true. I certify that I am here to receive Physical Therapy care and for no other purposes. I do not represent a third party. By signing and dating this form I acknowledge I have discussed, or have had the opportunity to discuss, with my physician the nature and purpose of Physical Therapy treatment in general and my treatment in particular (including my Individualized Plan of Care) as well as the contents of these Acknowledgements and Authorizations.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its contents, and by signing below I consent to the Physical Therapy treatments offered or recommended to me by Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation. I intend this consent to apply to all my present and future Physical Therapy care visits with Dr. Brian Kanona, PT, DPT / Theraworx Rehabilitation.

Printed Name (Print)_____

Patient Signature_____

Date_____

Consent to Treat Minor-For use when applicable

Printed Childs Name _____

Parent or Guardian Signature _____

Date _____