



## Active Point Health Informed Consent

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, 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 functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.

Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Active Point Health LLC does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures, and comply with the established plan of care. I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form. In the event of a change in medical status, I understand that my treatment may be modified, stopped, or referred out to the proper practitioner. I reserve the right to withdraw at any time.

I agree to hold Active Point Health LLC harmless for claims or damages in connection with treatment. This is a contract between myself and Active Point Health, and I understand that it is also a release of potential liability.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

\_\_\_\_\_  
**Signature of Client or Legally Authorized Person**  
(Including parent or guardian if patient is under 18)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Client or Legally Authorized Person**  
(Including parent or guardian if patient is under 18)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Physical Therapist**

\_\_\_\_\_  
**Date**

This form went into effect on 02/24/2025