

Consent to Treatment

I, _____ (patient name), hereby authorize and give consent to What Moves You? – PT division to perform physical therapy, wellness, manual therapy services, and exercise prescription as requested by myself or my family member(s) in-home or in the clinic. I understand and am informed that, as with all forms of medical treatments, physical therapy may have potential risks and benefits associated with my condition(s). Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict the patient's response to a certain modality or procedure. The physical therapist will explain the benefits, side effects, and potential complications regarding each chosen treatment; I understand that I have the right to ask about these risks and about my condition prior to treatment. I have the right to decline any portion of the treatment at any time before or during the treatment session. I consent to participate in the physical and functional assessment and recommended treatment program, based on my medical history, diagnosis, symptoms, and assessment results. Additionally, I understand that I have the right to terminate or refuse service at any time.

Patient Signature

Date