

**Physical Therapy Consent to Treatment**

Thank you for choosing FORM & MOTION PHYSICAL THERAPY (“FMPT”) as your treatment provider for physical therapy assessment, evaluation, and treatment. We are committed to providing quality service and treatment utilizing a variety of modalities and techniques as recommended by your provider***.*** Please note that in order to receive physical therapy, the provider must cue, guide and demonstrate exercises that may require that the client be touched above clothing. We recommend that you wear loose, stretchy clothes that allow freedom of movement. The provider will request permission in advance of any touching and will assume that if the client does not object, that they consent to hand placement above clothing.

We rely on the accuracy of your Patient Intake Form in addition to information that you share with your provider regarding your medical condition including but not limited to pain. Please answer all questions accurately and honestly. We ask that you share your goals and keep your provider up to date on negative/positive changes or symptoms that you experience during treatment. This will assist your provider in appropriate modifications to your treatment plan.

Physical therapy requires home exercises/stretching (“homework”) to reach optimal outcomes and we expect that you will follow the recommendations of your provider for homework in between your physical therapy sessions. If you elect not to perform recommended homework, you may not reach your goals. FMPT does not guarantee any success rate, outcome or range of motion regardless of the number of sessions provided or the length of time that you engage in therapy. Outcomes are dependent on many factors, some of which are not correctable through physical therapy.

If you have reached maximum improvement, your provider will advise you to seek a different level of service that may include consideration of surgical intervention. Your provider will periodically provide you with verbal progress reports. Based on those progress reports, you may continue or decline treatment at any time. We ask that if you decline treatment, you do so by notifying your provider directly either in person, or via our secure portal. Please do not make an appointment if you intend to discontinue treatment because a “no-show” takes away an appointment from another patient who needs care.

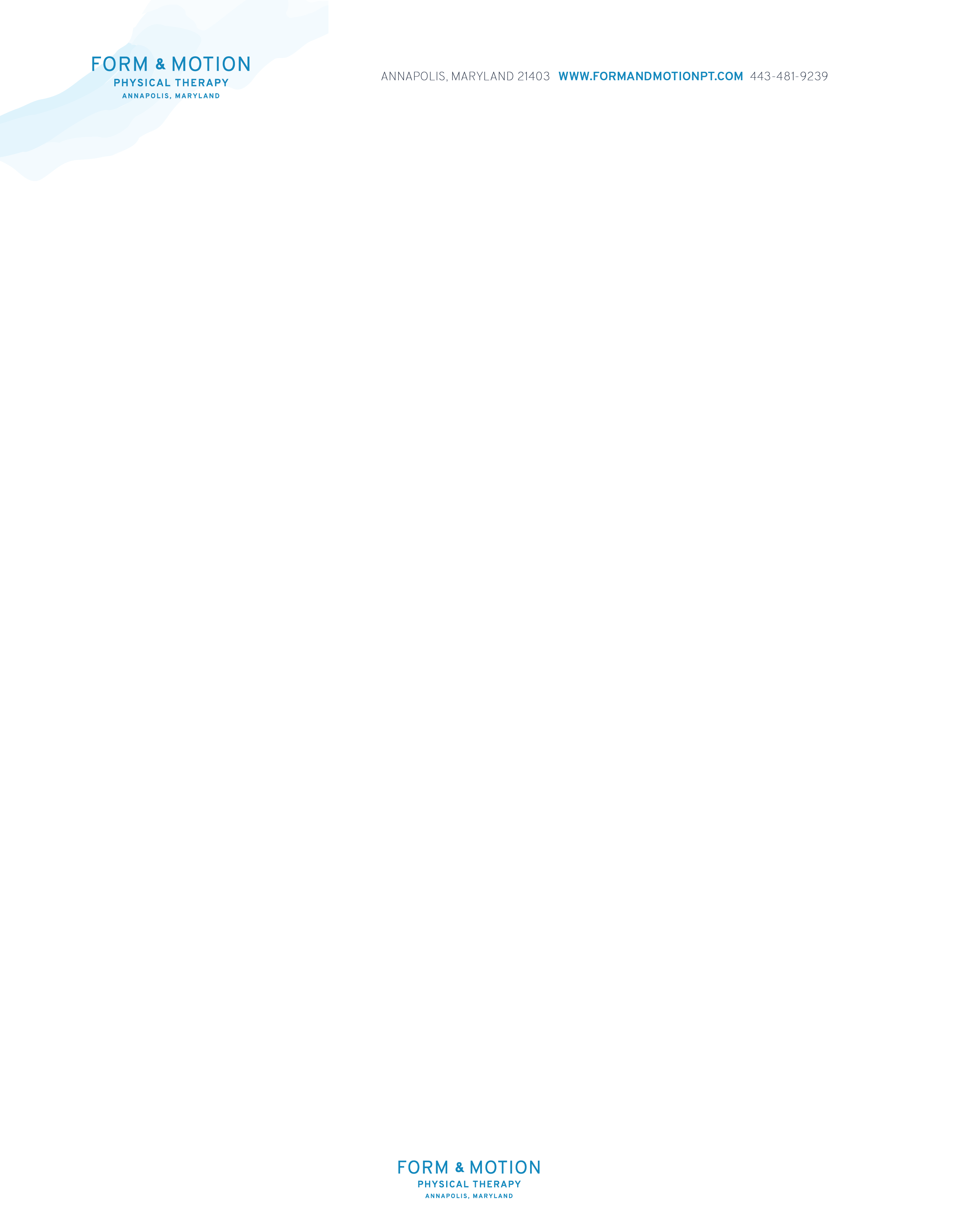
**Risks, Benefits and Alternatives**

Although rare, there are risks to physical therapy. There are also other ***alternatives*** to physical therapy including surgery, acupuncture, chiropractic care, medication and pain management. The degree of risk is directly related to the conservative or aggressive nature of your treatment. Generally, physical therapy is a conservative course of treatment. With physical therapy, your pain or symptoms may increase at first but will typically improve as your mobility and range of motion increases. You may experience new symptoms as we realign your anatomical structure and strengthen certain muscle groups. The ***benefits*** of physical therapy are increased strength and/or mobility, structural alignment, pain relief (permanent or temporary), enhanced range of motion, improved daily function, improved endurance, improved quality of life.

The most common ***complications or risks*** associated with physical therapy are:

1) Injuries occurring from falls during exercise

2) Injury or Re-Injury

3) Continued symptoms

4) Increase in symptoms or worsening of symptoms (usually temporary)

5) Dizziness

6) Vertigo

7) Minimal or no improvement

8) Increase Heart Rate or blood pressure with exercise (usually temporary)

By signing below, you, the patient has agreed to the recommended treatment and have had the opportunity to ask questions. We will assume that your questions have been answered to your satisfaction. You may at any time, withdraw this consent and such withdrawal of all or a portion of treatment will not impact your treatment relationship with FMPT. If you elect to terminate treatment, we will maintain your treatment records in accordance with the Maryland Records Retention law and may only share those records with a subsequent treating provider if you authorize such disclosure in writing. We have explained to you that physical therapy is not an exact science and that your FMPT provider has made no predictions, guarantees or warranties for a certain result, outcome or achievement of goal(s).

I, the undersigned patient or parent/guardian for a minor child under the age of 18, do hereby give my informed consent for physical therapy treatment by Form & Motion Physical Therapy and Ingrid Ratz DPT, PCES. I certify that all medical history and health information provided in writing or verbally to my provider is accurate to the best of my recollection and knowledge. I have disclosed all medical conditions of which I am aware and agree to inform my FMPT provider of any and all changes to my physical or mental health. If I elect not to disclose certain information for privacy reasons, I understand that my provider will base their recommendations solely on the information available to the provider. It has been explained to me that physical therapy is not a substitute for the care of a primary care provider or specialist (orthopedic surgeon, pain specialist, chiropractor, osteopath etc.) I will seek care from other providers in the event I am not receiving the expected relief from physical therapy. I will also notify my FMPT provider if my treatment is ineffective or is increasing pain/dysfunction.

PATIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_