Consent for Physical Therapy Care

Patient name _____	**Date of birth** _____

Purpose and Proposed Care

Physical therapy begins with an examination of your history, symptoms, movement, function, and relevant health factors. Your physical therapist will discuss findings and develop an individualized plan with you. Care may include education, therapeutic exercise, functional activity, neuromuscular or proprioceptive training, manual therapy, soft-tissue techniques, taping, and noninvasive physical agents or modalities when clinically appropriate.

Potential Benefits and Anticipated Results

Physical therapy may help reduce symptoms, improve movement, strength, coordination, activity tolerance, and confidence with daily, work, recreational, or sport activities. Progress depends on many factors, and no specific result or timeline can be guaranteed. Your response will be reassessed and the plan may be modified with your participation.

Possible Risks and Temporary Effects

- **Common temporary effects:** muscle soreness, fatigue, tenderness, or a brief increase in symptoms after examination, exercise, or hands-on treatment.
- **Other possible effects:** skin irritation from tape or topical products, bruising, dizziness or lightheadedness, loss of balance, or aggravation of an existing condition.
- **Uncommon risks:** a fall or other injury may occur despite reasonable precautions. Tell your therapist immediately about unexpected or concerning symptoms so care can be stopped or modified.

Your Rights and Responsibilities

- **Your choices:** you may ask questions, decline any technique or body area, request a pause, or withdraw consent at any time without losing access to other appropriate care.
- **Communication:** tell your therapist about relevant diagnoses, pregnancy, medications, surgeries, allergies, precautions, new symptoms, or changes in your health. Ask for clarification whenever instructions or treatment are unclear.
- **Participation:** follow only the home activities selected for you and report symptoms that are severe, unusual, worsening, or different from what was discussed.

Alternatives and Additional Consent

You may choose no treatment, delay treatment, request a different approach, seek another opinion, or discuss other options with an appropriate health professional. Dry needling and any other procedures requiring specific informed consent are not authorized by this form and will be addressed separately before they are performed. (See Additional Forms)

Consent

I have read and understood this form. I understand the nature and purpose of physical therapy care, the anticipated benefits, recognized alternatives including no treatment, and the possible risks and uncertainties described above. I have had the opportunity to ask questions and have them answered. I consent to evaluation and routine physical therapy treatment within the plan of care that my physical therapist and I discuss. I understand that material changes and procedures requiring separate consent will be explained before they occur, and that I may withdraw consent at any time.

_____ _____

Patient or legal representative printed name — Date

_____ _____

Patient or legal representative signature — Date

_____

Relationship to patient if applicable

_____ _____

Physical therapist signature — Date