Forefront
PHYSICAL THERAPY

Leigh Hollowell, PT, MSPT
(510) 228-0703
info@forefrontpt.com
www.forefrontpt.com

Consent For Outpatient Treatment

1. **Cooperation with Treatment:**
   - I understand that in order for therapy to be effective, I must come as scheduled unless there are unusual circumstances that prevent me from attending therapy.
   - I understand that I may be discharged from physical therapy if I do not keep three (3) appointments without calling to cancel.
   - I agree to cooperate with the home program assigned to me. If I have difficulty, I will discuss them with my therapist.
2. **No Warranty:**
   - The physical therapy department does not promise a cure for my condition. They will share with me the available statistics and studies regarding results of physical therapy treatment for my condition. They will discuss all treatment options with me. I understand that I am responsible for immediately telling the therapist if I am having any discomfort and/or unusual symptoms during the procedure.
3. **Informed Consent to Treatment**
   - The term “informed consent” means that the potential risks, benefits and alternatives of physical therapy treatment have been explained to you. The department provides a wide scope of services and you will receive information at the initial visit on the treatment/assessment options available for your condition.
   - **Potential Risks:** You may experience an increase in your current level of pain or discomfort, or an aggravation of your existing injury. This discomfort is temporary and will probably subside in 24 hours.
   - **Potential Benefits:** These include an improvement in your symptoms, an increase in your ability to perform your daily activities. You may experience increased strength, awareness, flexibility and endurance in your movements. You may experience decreased pain. You will have greater knowledge on managing your condition and the resources available to you.
   - **Alternatives:** All physical therapy treatment options available for your condition will be explained to you. You may inquire on the cost of these services and discuss them with your therapist. If you do not wish to participate in the program, you may discuss your medical, surgical or pharmacological alternatives with your physician.

Based on the information I have received from the therapist, I voluntarily consent to physical therapy treatment. I understand that I may withdraw at any time.

Patient Signature: ______________________________ Date: _____ /_____ /__________

Therapist Signature: ______________________________ Date: _____ /_____ /__________