



INFORMED CONSENT FOR PHYSICAL THERAPY/OCCUPATIONAL

Dear Patient,

Physical and Occupational therapy involves the use of many different types of physical evaluation and treatment. At Brielle Integrated Healthcare, we use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical responses to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your responses to a certain therapy, modality or procedure. We are not able to guarantee precisely what your reactions to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury or may aggravate previously existing conditions.

You have the right to ask your therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms, and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time or during your treatment session.

Therapeutic exercises are an integral part of most therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledged that my treatment program has been explained by Brielle Integrated Healthcare, and all my questions have been answered to my satisfaction. I understand the risks associated with a program of Brielle Integrated Healthcare as outline to me, and I wish to proceed.

Patient Name

Patient Signature

Date