



Physical Therapy Consent to Treat

I am being asked to read the following material to ensure that I am informed of the nature of Within Reach Mobile Physical Therapy LLC. and of how I will participate in it, if I consent to do so. Within Reach Mobile Physical Therapy LLC requires informed consent prior to participation in this program so that I can know the nature and risks of my participation and can decide to participate or not participate in an informed manner.

I understand that I am a patient of Within Reach Mobile Physical Therapy LLC and their independent physical therapy practitioners. My care is the exclusive responsibility of the practitioners of Within Reach Mobile Physical Therapy LLC.

Cooperation with treatment: In order for physical therapy treatment to be effective, I must come to scheduled appointments unless there are unusual circumstances. When possible, 24 hours notice is preferred. I understand and agree to cooperate with and perform the home physical therapy program intended for me. If I have trouble with any part of my treatment program, I will discuss it with my therapist.

No warranty: I understand that there are no guarantees regarding a cure for or improvement in my condition. I understand that my physical therapist will outline and discuss goals of physical therapy treatment for my condition and will discuss treatment options with me before I consent to treatment.

Informed consent for treatment: The term “informed consent” means that the potential risks, benefits and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

Potential risks: I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury or condition. This discomfort is usually temporary; if it does not subside in a reasonable time period, I agree to contact my physical therapist.

Potential benefits: I may experience an improvement in my symptoms and an increase in my ability to perform daily activities. I may experience increased strength, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

Payment: I understand that I am responsible for any charges as Within Reach Mobile Physical Therapy LLC is an out of network provider.

Patient Name (print):

Patient Signature/Parent signature if a minor:

Date: