

Patient Intake Form/Informed Consent

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ AGE _____ SSN _____ - _____ - _____ SEX: M F

HOME PHONE _____ CELL/WORK PHONE _____

EMAIL CONTACT _____

EMPLOYER _____ JOB TITLE _____

EMERGENCY CONTACT _____ PHONE _____

HOW DO YOU PREFER TO BE CONTACTED? (Please circle one): Phone Text Email

REFERRING PHYSICIAN _____ PHONE _____

HOW DID YOU HEAR ABOUT US? _____

***if applicable*

ATTORNEY NAME _____ CONTACT PERSON _____
ADDRESS _____ PHONE _____ FAX _____
CITY _____ STATE _____ ZIP _____

INJURED AT WORK? Y N MOTOR VEHICLE ACCIDENT? Y N
DATE OF INJURY _____

Physical therapy involves the use of many different types of physical evaluation and treatment. A variety of procedures will be used help try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy. Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction 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 physical 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 before or during your treatment session. Therapeutic exercises are an integral part of most physical 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 acknowledge that my treatment program has been explained by my therapist, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

PATIENT / GUARDIAN _____ DATE _____