

Center for Peak Performance
Physical Therapy Informed Consent to Treat

The physical therapy assessment employs many different types of evaluation techniques, tests and measures. Together with information gained from the patient's medical history, diagnosis and symptoms, the physical therapist is able to identify a physical therapy diagnosis and create a personalized plan of care for the patient, including treatments that are recommended. The patient should understand that a physical therapy diagnosis is not the same as a medical diagnosis from a physician nor is it based on radiological imaging. Some health care plans or insurers might not cover some physical therapy services.

As with all forms of medical treatment, there are benefits and risks involved with physical therapy treatments. Since the physical response to a specific treatment can vary widely from person to person, it is not possible to fully predict the patient's response to a certain treatment, modality or procedure. As such, a physical therapist cannot guarantee that physical therapy will help the condition that the patient is seeking treatment for. There is a small risk that physical therapy may cause pain or injury, or may aggravate previous existing conditions. Therapeutic exercises and wellness promotion are an integral part of physical therapy. Exercise has some inherent physical risks associated with it. The patient has the right and is encouraged to ask the physical therapist any questions regarding the physical therapy plan of care, including specific treatments being recommended. The patient has the right to decline any portion of the physical therapy plan of care at any time before or during treatment sessions.

I wish to receive treatment from a physical therapist and permit Pamela Bentley, PT, DPT to provide this care. I consent to those caring for me to treat me in ways they judge are beneficial to me. I consent to participating in physical therapy that can include evaluation, testing and treatment as well as education and encouragement to participate in a home program as recommended by my physical therapist. No guarantees have been made to me about the outcome of this care. I understand the possible risks associated with a physical therapy program as outlined to me, and I wish to proceed.

My signature below certifies that I have read and understand the above information.

Patient Signature _____ Date _____

Elevate Physical Therapy LLC
Pamela Bentley, PT, DPT
Practicing Within the Center for Peak Performance
3570 Old Milton Pkwy
Alpharetta, GA 30005
T: 678-879-9019 F: 678-879-9021