

Physical Therapy Informed Consent and Payment Form

Please read this document carefully. This form must be completed and signed before your first physical therapy session. Since this is a printable form, please write clearly in the spaces provided.

1. Patient Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Emergency Contact Name & Phone:

2. Informed Consent for Physical Therapy Treatment

Physical therapy involves the use of various clinical methods and physical agents to help improve your strength, mobility, and overall function. These methods may include exercises, manual therapy, joint mobilization, heat/cold therapy, and electrical stimulation.

Potential Benefits: Improved mobility, pain reduction, increased strength, and restoration of physical function.

Potential Risks: Temporary soreness, discomfort, muscle strain, or joint irritation. Please inform your therapist immediately if you experience any pain or discomfort during treatment.

By signing below, you acknowledge that you have read, understood, and voluntarily agree to the proposed physical therapy evaluation and treatment plan.

Please type your initials to acknowledge consent:

3. Payment Policy and Financial Agreement

We require co-payments, deductibles, or self-pay fees to be paid at the time of service. If you are using health insurance, please be aware that you are ultimately responsible for any balance not covered by your insurance provider.

Cancellation Policy: Cancellations must be made at least 24 hours in advance. Failure to do so may result in a late cancellation fee.

Preferred Payment Method (e.g., Cash, Check, Credit Card):

Insurance Provider Name (if applicable):

Policy / Member ID Number:

Please type your initials to agree to the payment policies:

4. Acknowledgment and Signature

By signing this form, I certify that I have read and understand the informed consent and financial policies outlined above.

Patient or Guardian Signature (Print Name):

Date (MM/DD/YYYY):

Relationship to Patient (if signed by Guardian):