



Terms of Acceptance and Consent to Treatment

Informed Consent

A patient willfully choosing to be treated by Healing Foundations Physical Therapy LLC gives Healing Foundations Physical Therapy LLC permission and authority to care for him/her in accordance with physical therapy tests, procedures and treatments. Physical therapy is usually beneficial and seldom causes any problems, and in rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. Therefore in no way will the treating physical therapist provide services of any kind if he/she is aware that such care may be contra-indicated.

It is the responsibility of the patient to make it known, or to learn through healthcare procedures whatever it is he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the treating practitioner. The treating practitioner provides a specialized, non-duplicating health care service, and furthermore, any risk involved regarding physical therapy will be explained to the patient upon their request. The treating practitioner is licensed in a special practice and is available to work with other types of physicians, practitioners, and providers in the patient's health care regimen.

Acknowledgement and Consent to Treat

I have read and understand the terms outlined above and consent to all necessary treatment as determined by Healing Foundations Physical Therapy LLC.

Print Name: _____ Signature: _____ Date: _____

Consent to Evaluate and treat a MINOR

I, _____ being the parent or legal guardian of _____, have read and fully understand the above terms of acceptance and hereby grant authorization for my child to receive Physical Therapy care.

Signature _____

Date: _____