



Consent to Evaluation and Treatment and General Acknowledgements

I consent to and hereby authorize Motive Sports & Physical Therapy, through its appropriate licensed personnel, to perform evaluation and/or treatment of my condition(s). I understand that the physical therapist has fully explained to me the nature and purposes of the procedures, evaluation and course of treatment.

I understand that no warranties or guarantees have been made to me regarding the outcome of my care. My physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. I recognize that the proposed course of treatment will improve my condition, however that it is possible, that the course of treatment may cause additional pain, discomfort, or aggravate my condition. In addition, my physical therapist has explained to me the risks of receiving no treatment.

I understand that 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.

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.

I understand for my physical therapy treatment to be effective, I must attend my scheduled appointments, unless there are unusual circumstances. I understand and agree to cooperate with and perform the physical therapy program intended for me. If I have trouble with any part of my treatment program, I will bring it to the attention of my therapist.

The term "informed consent" means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. My physical 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.

I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form. In the event of a change in medical status, I understand that my treatment may be modified, stopped, or referred out to the proper practitioner. I also reserve the right to withdraw from treatment at any time.

I understand that Motive Sports & Physical Therapy occasionally offers clinical affiliations to students of accredited physical therapy programs to provide hands-on mentorship and direct care experiences under supervision. I understand that students may be involved in my care.

I understand that I am responsible for any loss, destruction or theft of my personal property. I take full responsibility for, and release Motive Sports & Physical Therapy from, any and all responsibility and/or liability for the loss, destruction or theft of my personal property at, or in the vicinity of, any Motive Sports & Physical Therapy service location.

I agree not to take pictures or make video or audio recordings of my care, other patients or Motive Sports and Physical Therapy personnel.

I consent to the use of email by Motive Sports & Physical Therapy to reach me at any email address provided or any other use of electronic means of communication to the extent permitted by law. I understand that I am not required to agree to this provision as a condition of receiving services and that my consent may be revoked at any time.

X	x
Signature of Patient/Guardian	Date

Relationship to Patient