

## Integration Therapy, LLC

460 St. Michael's Drive, Bldg 100, Ste 100, Santa Fe, NM 87505  
phone: 505.780.8783 fax: 505.780.8794 www.integrationpt.com

### INFORMED CONSENT FOR PHYSICAL THERAPY

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. It involves the use of many different types of physical evaluation and treatment approaches.

The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention by use of rehabilitative procedures, mobilization, myofascial/massage treatment, exercises and physical agents to aid the patient in achieving their convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them. If you are unclear of the explanation, it is incumbent upon you to ask questions so that you understand the modality, procedure or exercise protocol.

The response to physical therapy intervention varies from person to person. It is not possible to accurately predict your responses to a specific modality, procedure or exercise protocol. Integration Therapy, LLC does not guarantee what your reaction will be to a specific treatment. Integration Therapy, LLC does not guarantee that the treatment will help resolve the condition.

**Potential Benefits:** Benefits may include an improvement in symptoms and an increase in the ability to perform daily activities. You may experience increased strength, awareness, flexibility and endurance in your movements. You may experience decreased pain and discomfort. You should gain a greater knowledge about managing your condition and the resources available to you.

**Potential Risks and Side Effects:** You may experience a temporary increase in your current level of pain or discomfort and muscle soreness or stiffness. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of previously existing symptoms that may cause pain, discomfort and injury. **If you experience any side effects from your physical therapy treatment, please discuss them with your treating therapist as soon as appropriately possible.**

It is your right and obligation to have your treating therapist explain the benefits and risks associated with each exercise or treatment modality. You also have the right to decline any part of your treatment at any time. Should you feel any discomfort or pain it is incumbent on you to discuss this with your treating therapist. Likewise, if you have any concerns regarding the physical therapy protocols, please discuss them with your treating therapist. It is your right and obligation to ask your physical therapist about the treatment that is planned for you based on your individual history, physical therapy diagnosis, symptoms and examination results. Therapeutic exercise is an integral part of most physical therapy treatment plans. Exercise has inherent physical risks and side effects associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks or side effects associated with your exercises, please ask your therapist.

**Female Patients Only:** You must notify your treating therapist if you are pregnant, become pregnant or are trying to get pregnant.

**I have read this consent form and understand the risks involved in physical therapy and agree to fully cooperate, participate in all physical therapy procedures and comply with the established plan of care.**

**I acknowledge that my treatment program has been explained to me 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. I intend this consent**

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**form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.**

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Patient Name	Patient Signature	Date
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Witness to Signature

**To be completed by patient's representative if patient is a minor or physically or legally incapacitated.**

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Signature of Representative	Relationship	Date
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Witness to Signature