

Creative Pathways Physical Therapy ,P.L.L.C.

2096 Weare Road Henniker, NH 03242

Informed Consent for Physical Therapy or Personal Training

Physical therapy and Personal Training services are patient/client care services that are provided in order to manage a wide variety of conditions and enhance health performance levels. All procedures and programs will be thoroughly explained to you before you are asked to perform or take part in them.

Response to physical therapy and/or personal training intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Creative Pathways Physical Therapy does not guarantee what your reaction will be to a specific treatment or program, nor does it guarantee that the treatment or program will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy or personal training treatment/program may result in aggravation of existing symptoms and may cause pain or injury.

It is your right to decline for you or your child any part of your treatment or program at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment or program they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment or program.

I have read this consent form and understand the risks involved in physical therapy and personal training and agree to fully cooperate, participate in all physical therapy and personal training procedures, and comply with the established plan of care. 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 reserve the right to withdraw at any time.

I agree to hold Creative Pathways Physical Therapy, P.L.L.C. harmless for claims or damages in connection with treatment. This is a contract between myself and Creative Pathways Physical Therapy, P.L.L.C. and I understand that it is also a release of potential liability.

By signing below, I am agreeing that I have read, understood, and agree to the items contained in this document.

Signature: _____ Date: _____

(Print): _____ Date: _____

For Minors or those with Guardianship:

By signing below, I am agreeing that I have read, understood, and agree to the items and information contained in the document titled "Informed Consent for Physical Therapy or Personal Training" above.

I (parent or guardian), _____ give permission for Creative Pathways Physical Therapy, PLLC. to evaluate/treat/train my son/daughter/other (name) _____.

Parent/Guardian Signature: _____

Patient Name: _____

Person to contact in case of emergency: _____

Telephone Number: _____