



Heinen Physical Therapy, PC

CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to physical therapy evaluation and/or treatment by Brice and/or Lauren Heinen, PT, DPT who is licensed by and in good standing with the Oklahoma State Board of Medical Licensure and Supervision.

Physical therapy is a patient care service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability.

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, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. The possible risks and benefits of treatment have been explained to me by the physical therapist including any complications or additional discomfort caused directly or indirectly by skilled physical therapy intervention.

I understand that physical therapy is not guaranteed to improve my condition and is not an appropriate treatment for everyone and in some unlikely cases may cause increased pain or discomfort. Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. I understand that patient privacy is protected by HIPPA and that my physical therapist operates within these regulations. It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns.

I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction. By signing bellow, I confirm that I have read fully and understand this consent form.

Patient/Legal Guardian

Signature: _____

Date: _____

Printed Name: _____

Relationship, if signed other than by client: _____