



Conditions And Consent For Therapy

Thank you for choosing New Paradigm Physical Therapy for your physical therapy needs. This office is committed to providing the highest quality physical therapy care.

1. Cooperation With Treatment

I understand that in order for physical therapy services to be effective I must come as scheduled unless there are unusual circumstances that prevent me from attending therapy.

I understand that I may be discharged from therapy if I do not keep three (3) appointments without calling to cancel to reschedule and that there is a fee for missed appointments if I do not provide 24 hours notice.

I understand that it is my responsibility to attend my appointments at the scheduled time and that I may be asked to reschedule if I am more than 15 minutes late for my appointment.

I agree to cooperate with the home program assigned to me. If I have difficulty then I will discuss it with my therapist.

2. No Warranty

New Paradigm Physical Therapy (NPPT) does not promise a cure for my condition. The treating therapist will provide you with a prognosis for your condition and discuss treatment options with you.

3. Informed Consent To Treatment

The term "informed consent" means that the potential risks, benefits and alternatives of physical therapy treatment have been explained to you via the narratives found below. NPPT provides a wide scope of services and you will receive information at the initial visit on the treatment/assessment options available for your condition. Treatment may be modified during the course of your care depending on your response to the interventions.

POTENTIAL RISKS

You may experience an increase in your current level of pain or discomfort, or an aggravation of your existing injury. This discomfort is usually temporary and will probably subside within 24 hours.

POTENTIAL BENEFITS

Benefits include an improvement in your symptoms and an increase in your ability to perform your daily activities. You may experience increased strength, awareness, flexibility, and endurance in your movements. You may experience decreased pain and discomfort. You will have greater knowledge on how to manage your condition and the resources available to you.

ALTERNATIVES

If you do not wish to participate in physical therapy at NPPT then you may discuss your medical, surgical, or pharmacological alternatives with your physician.

I have read or had read to me the foregoing and any questions which may have concerned me have been answered to my satisfaction. I understand the risks, benefits, and alternatives to treatment. Based on this information I voluntarily consent to physical therapy treatment. I understand that I may withdraw at any time.

Patient's Signature

Date

Patient's Legal Representative/Guardian/Parent

Relationship to Patient