



CONSENT TO TREAT AND RELEASE OF LIABILITY FORM

Welcome to Champions Recovery Room and Physical Therapy (CRRPT) we are glad you have decided to receive physical therapy services from CRRPT. **IT IS IMPORTANT THAT YOU, THE PATIENT, READ THIS CONSENT FORM CAREFULLY AND OBTAIN ANSWERS TO ANY QUESTIONS THAT YOU MAY HAVE.** This Consent Form is based upon your informed decision to participate in the proposed treatment plan for physical therapy services as explained to you by the Physical Therapist at CRRPT.

INITIAL_____ I understand Physical Therapy may involved the use of several modalities for evaluation and treatment. Accordingly, at CRRPT we use a variety of procedures and treatment to help us to try and improve your physical function. As with all forms of medical treatments, there are benefits and risks involved with physical therapy.

INITIAL_____ I understand as the patient, responses to a specific form of treatment may vary widely from patient to patient, it is not always possible to predict responses to a specific treatment. Therefore, CRRPT cannot guarantee any reaction or success to a given form of treatment. There is also a risk that your treatment may result in pain, injury, or may aggravate a previous condition.

INITIAL_____ I understand, as the patient, I have the right to inquire about the form of treatment based upon your history, diagnosis, symptoms, and testing result(s). You may discuss with your physical therapist the potential risks and benefits of a specific treatment and possible alternative treatments. You have the right to decline any portion of treatment at any time or during your treatment sessions. Your physical therapist stands ready to answer any questions you may have regarding a given course of treatment, type of exercise, associated risks, and possible alternatives.

INITIAL_____ I understand I *MUST* complete my home exercise program to the recommendations of my physical therapist specifically to obtain the best outcome and benefit of physical therapy.

INITIAL_____ I understand it is my responsibility to communicate with my physical therapist if any of the exercise are hurting so the program can be modified. I will stop the ones that hurt until me for/technique/symptoms can be re-evaluated by my physical therapist.

INITIAL_____ I understand it is my responsibility to ice for pain and drink water to maintain hydration which is important to my recovery.

INITIAL_____ I understand that Champions Recovery Room and Physical Therapy allows children to be present with a responsible adult patient during any appointments/services/treatments. During those appointments/services/treatments Champions Recovery Room and Physical Therapy is NOT responsible for any injury/accidents that happen in the clinic if they are injured in the clinic or on the any of the clinic's equipment.

INITIAL_____ I understand CRRPT allows children to be present with their parents as needed but are not responsible for any injury/accidents that happen in the clinic if they use the equipment.

INITIAL_____ I understand physical activity is often encouraged during physical therapy. Use of swinging, running, climbing, and jumping assists with a variety of skills and performance components the physical therapist may need to address. I consent to use of gross motor skills and exempt as a patient, physical therapist(s), employees(s), and owner(s) of any injury resulting from this type of skill(s) assessment or therapy.

INITIAL_____ When using the recovery room equipment, I agree that I will ask for any help with equipment set-up and do not hold CRRPT liable for any injury sustained with misuse of equipment/set-up.

INITIAL_____ I understand and agree when using the recovery room equipment, I will ask for any help with the set-up and use of the equipment. I agree not to hold Champions Recovery Room and Physical Therapy responsible/liable for any injury sustained with use of the equipment/set-up.

I, _____ by reading and initialing this form I hereby authorize and give consent for CRRPT, including Angela Spencer, PT, MSPT, CMPT, CAFS, CCI, FDN1 and or any physical, assistant or students in training under the directions of the Physical Therapist as a selected by him/her, to provide physical therapy services in accordance with the proposed treatment plan which has been explained to me in a way that I understand. I understand I assume all risks associated with physical therapy treatments. I understand that some of the physical therapy series provided to me at CRRPT may be performed by a physical therapist other than the Physical Therapist as identified within this consent form. I release my physical therapist and Champions Recovery Room and Physical Therapy LLC from any and all liability of injury.

Consent for Care:

Signature of Patient or Personal Representative _____ Date _____

Name of Patient or Personal Representative _____

Description of Personal Representative's Authority/ Relationship to Patient _____