**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

“Informed Consent Form”

 Dear Patient,

 Physical and Occupational Therapy involves the use of many hands-on techniques, modalities, exercises,

 and evaluation testing strategies. These techniques and strategies are used in an attempt to improve

 your function and quality of life. As with all medical treatment approaches, there are inherent risks

 associated with therapy.

 Physiological response to treatment approaches varies widely from person to person, and it is not always

 possible to predict specific responses for each patient. Though we use evidence-based practice to guide

 the treatments you receive, and to mitigate any risk that you may incur, we cannot guarantee that your

 response will be beneficial, nor that it will not cause exacerbation to your symptoms, or even further

 injury.

 You have the right to ask your Physical or Occupational Therapist what type of treatment they will be

 performing, as well as the risks and benefits that are associated with them. You have the right to decline

 any portion of your treatment at any time before or during your treatment session.

 I acknowledge that my treatment program has been explained to me by a Physical or Occupational

 Therapist, or qualified member of the treatment staff, and all my questions have been answered to my

 satisfaction. I understand the risks associated with a Physical or Occupational Therapy program as

 outlined by my treatment staff, and I wish to proceed with treatment.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Therapist Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Carnahan Therapy Informed Consent Form**