



Physical Therapy : Consent for Evaluation and Treatment

I acknowledge and comprehend that I am coming to **Jan Active Therapy** for assessment and management of a musculoskeletal dysfunction. I am aware that, as part of evaluating my condition, my therapist may need to conduct a musculoskeletal examination. This examination will encompass the assessment of posture, skin condition, reflexes, muscle tone, length, strength and endurance, scar mobility, and function. I understand that undergoing this evaluation and/or treatment may potentially cause discomfort or pain.

The treatment plan may include but is not limited to observation, palpation, biofeedback, electrical stimulation, ultrasound, heat, cold applications, stretching and strengthening exercises, soft tissue and/or joint mobilization, dry needling, and educational instruction. I am aware that if I ever feel uneasy or uncomfortable with the assessment or treatment procedures, I am obligated to promptly inform my therapist, and the procedure will be discontinued. Alternative options will then be discussed with me.

I have read, or the content has been conveyed to me, and any questions I may have had have been addressed to my satisfaction. I comprehend the potential risks, benefits, and alternatives associated with the proposed treatment. I acknowledge that there are no guarantees regarding the success of therapy. Additionally, I understand that if I neglect to follow up with the recommended care, I do so at my own risk. I have disclosed any conditions that may limit my ability to undergo evaluation or treatment. I hereby provide my consent and request the evaluation and treatment to be administered by the physical therapists at **Jan Active Therapy**.

Patient Name: (print) _____ Date of Birth: _____

Email: _____ Phone: _____

Address: _____

Patient Signature: _____ Date: _____

Signature of Parent or Guardian (If applicable): _____