



Informed Consent for Treatment

I understand I will be informed of my plan of care by the evaluating physical therapist or occupational therapist at the time of my evaluation and agree to the proposed treatment. I understand my goals, as well as those set by the therapist, will be addressed in treatment and that any physical activity comes with risk of injury or aggravation of my condition. Soreness may be a normal side effect of treatment designed to promote healing and improve strength and flexibility. While the therapist or physical therapy assistant will do everything he/she can to supervise and guide me in a structured treatment program, it is my responsibility to monitor my symptoms and inform the staff if I am feeling more soreness than should be reasonably expected.

I understand that achievement of successful outcome is dependent on my compliance to the treatment plan, prescribed exercise and activity, and keeping my scheduled visits. I understand I will be informed of my risks and possible side effects of treatment, benefits of treatment, alternative methods of treatment, if any, and risks of failure to follow recommendations. I consent to all treatments deemed necessary by my physical or occupational therapist.

I certify that I have read the above information and understand my rights and obligations at Missoula Bone & Joint Physical Therapy & Hand Therapy. This consent is valid unless revoked or changed in writing.

Patient Name (please print): _____ **Date:** _____

Patient or Responsible Party Signature: _____

Responsible Party Relationship to Patient: _____