PHYSICAL THERAPY · APPLIED NEUROSCIENCE · HUMAN PERFORMANCE

09 Patient Consent & Treatment Authorization

Rehab2Fitness Physical Therapy, P.C.

A. Consent to Physical Therapy Evaluation

I understand that my initial evaluation may include a review of my medical history, discussion of my symptoms and goals, and assessment of my physical and neurological function.

This may include examination of movement, strength, flexibility, balance, coordination, sensation, vision-related function, vestibular function, and other areas relevant to my condition.

I understand that the purpose of the evaluation is to identify clinical findings and guide appropriate recommendations for my care.

B. Consent to Treatment

I authorize Roger Yamanaka, PT, and Rehab2Fitness Physical Therapy, P.C. to provide physical therapy services appropriate to my condition.

Treatment may include:

- Manual therapy and soft tissue techniques
- Therapeutic exercise, strengthening, and movement training
- Neurological and sensorimotor rehabilitation
- Balance, coordination, vision, and vestibular exercises
- Breathing and postural training
- Physical performance and functional movement training
- Other appropriate physical therapy interventions discussed with me

I understand that treatments will be selected based on clinical findings, my individual needs, and my response to care.

C. Potential Benefits & Risks

Physical therapy may help improve pain, mobility, strength, coordination, balance, functional ability, and physical performance. Results vary, and no specific outcome can be guaranteed.

I understand that evaluation and treatment may involve temporary discomfort, soreness, fatigue, dizziness, or an increase in symptoms. Certain activities may carry additional risks, including loss of balance or injury.

PHYSICAL THERAPY · APPLIED NEUROSCIENCE · HUMAN PERFORMANCE

I agree to communicate any unusual symptoms, discomfort, or concerns during treatment.

D. Treatment Alternatives & Patient Rights

I understand that alternative options may include other healthcare services, medical evaluation, different treatment approaches, or choosing not to proceed with physical therapy.

- I may ask questions about my evaluation or treatment at any time.
- I may decline any particular technique or intervention.
- I may request modifications or stop treatment at any time.
- I will be informed of material risks, benefits, and alternatives relevant to recommended care.
- I may be referred to another healthcare professional when further medical evaluation is appropriate.

E. Patient Acknowledgment

- [ ] I have read and understand the information regarding physical therapy evaluation and treatment.
- [ ] I understand the potential benefits, risks, and alternatives, and that treatment outcomes cannot be guaranteed.
- [ ] I understand that I have the right to ask questions, decline specific interventions, or discontinue treatment.
- [ ] I voluntarily consent to physical therapy evaluation and treatment, subject to ongoing discussion of my care.

F. Patient Authorization

Patient full legal name

Date (MM/DD/YYYY)

Electronic signature - type your full legal name

By typing my name above, I intend to sign this consent electronically.