



# Physical Therapy Consent

Patient Label

Date: \_\_\_\_\_

## Client Acknowledgements

- 1. I understand that Physical Medicine and Therapy are the evaluation and treatment of movement disorders and mechanical pain syndromes (which may be related to injury, surgery, repetitive stress or unknown etiologies) that may be treated through the use of modalities, acupuncture, manual therapy (including chiropractic adjustment) and/or progressive exercises.
- 2. I acknowledge that this evaluation does not constitute a medical diagnosis, but bases its plan of care on the signs, symptoms, and movement dysfunction of joint, myofascial and locomotor systems in an effort to diminish pain and restore function.
- 3. The treatment procedures to be employed, including the risks and benefits have been explained to my satisfaction. Risks may include, but are not limited to infections, perforation of vital structures by a needle or worsening of a musculoskeletal condition secondary to manual procedures or exercise activities. I understand that some of the procedures have not been proven to be effective for the veterinary patient.
- 4. I understand that the therapies employed are **NOT** intended to replace traditional veterinary evaluation and treatment procedures, but are considered complimentary, are to be used **concurrently and in conjunction with regular veterinary care.**
- 5. I understand that medicine is not an exact science and as such no guarantee can or will be made regarding the results of treatment or overall prognosis for my animal's condition(s).
- 6. I also certify that I have disclosed to the doctor or technician any and all medical examinations, diagnostic tests, medical diagnoses and treatments performed recently or in the past for my animal's condition(s).
- 7. I assume responsibility for all charges and understand all balances are to be paid upon release of my pet.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_