

PROGRESSIVE PHYSICAL THERAPY LLC

CONSENT TO TREAT

I _____, hereby request and consent Progressive Physical
(Print name)
Therapy LLC to perform rehabilitative treatment and care as recommended by the
physical therapist.

I understand and am informed that, as in the practice of medicine, physical therapy
may have some risks. I understand that I have the right to ask about these risks and
have any questions answered about my condition, prior to treatment. I understand
that temporary conditions such as soreness, lightheadedness, and fatigue may occur
due to treatment.

I authorize the physical therapist to perform any additional or different treatment,
which is deemed necessary should, during treatment, a condition be discovered
which was not known previously.

I have carefully read and fully understand this Informed Consent Form and have had
the opportunity to discuss my condition with the treating physical therapist.

I consent and authorize Progressive Physical Therapy LLC to administer treatment
under the direction and supervision of the physical therapist.

Signature of Patient

Date

Signature of Parent/Legal guardian (to minor)

Relationship to patient

PROGRESSIVE PHYSICAL THERAPY, LLC

PATIENT INTAKE

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE NUMBER: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

PRIMARY COMPLAINT _____

WHEN DID IT BEGIN? _____

HOW DID IT START _____

LOCATION OF OTHER AREAS OF
PAIN _____

PREVIOUS TREATMENTS FOR THIS OR OTHER
CONDITIONS _____

ARE YOU STILL RECEIVING TREATMENT? _____

PREVIOUS INJURIES, BROKEN BONES,
SURGERIES _____

HEALTH
CONDITIONS/PROBLEMS _____

RATE YOUR STRESS LEVEL(0-10) _____

WHAT IS CAUSING YOUR STRESS _____

MEDICATIONS CURRENTLY
TAKING _____

KNOWN ALLERGIES _____

*I hereby consent to services to be provided by Progressive Physical Therapy, LLC. I understand that I am financially responsible for the services I receive and that Progressive Physical Therapy, LLC does not take Insurance as a payment. I understand that payment of charges incurred are due at the time of the service unless other definite financial arrangements have been made prior to the treatment. I am aware that Progressive Physical Therapy, LLC is dedicated to protection of my personal information. I have read and fully understand the consent to treat and financial responsibility information.

PATIENT SIGNATURE: _____

DATE: _____