

Patient Name: _____

DOB: _____

MR #: _____

Index to Consent – Treatment/Procedures

Date: _____

This consent describes what to expect if the Patient chooses to have physical therapy. The Patient understands that physical therapy may involve a variety of treatments to address their care needs.

A physical therapist has discussed the following with the Patient:

- their condition,
- recommended therapy,
- reason for therapy/treatment,
- plan for evaluation and treatment,
- benefits of therapy,
- other conditions and treatment options,
- risks and benefits of treatments options including the risks of choosing not to have physical therapy.

The Patient understands that the treatment plan may change based on their evaluation. If so, the Patient's therapist will discuss other treatment options, risks, and benefits. The patient's therapist will share how other options compare to continuing therapy evaluation and treatment. Then, the Patient's therapist will ask for their verbal consent to continue therapy.

The Patient may ask at any time to have another person in the room with the therapist and the Patient during treatment. The Patient understands that other care givers may assist the therapist.

Risks

The Patient understands that their condition may not improve or may worsen with therapy. Common side effects may include more muscle/joint soreness or pain. The Patient understands

AUTHORIZING SIGNATURES:

Signature of Patient/Representative _____ Date: _____ Time: _____

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: _____ Relationship: _____

- Patient is: Minor Incompetent / Incapacitated
- Legal Authority: Legal Guardian Parent of Minor
- Health Care Agent Other _____

Provider Signature: _____ Print Provider Name: _____

Date: _____ Time: _____ Pager# _____

Interpreter or Reader Signature (if applicable) _____

Witness Signature* _____

Print Interpreter or Reader Name _____

Print Witness Name _____

Date _____ Time _____

Date _____ Time _____

* Only required if patient signature not obtained by provider or when telephone consent obtained.

UW Health
(University of Wisconsin Hospitals and Clinics Authority)
INFORMED CONSENT FOR PHYSICAL
THERAPY

there is a risk of other rare problems. This can occur despite taking safety measures. Risks may be higher if the Patient has certain conditions and/or if the Patient's problems are severe. The Patient understands the risks if they choose not to have physical therapy/treatment.

Stopping Therapy

The Patient knows that they may withdraw their consent and stop therapy at any time. If the Patient wishes to do so, they will tell their therapist either verbally or in writing. The Patient's therapist will not provide therapy after that time. If the Patient decides to consent to therapy again in the future, the therapist will ask the Patient to sign a new consent.

Cost of Therapy

The Patient understands that their therapist does not have information about costs of treatment or billing. They can provide "procedure codes" as needed. If the Patient has questions or concerns about the cost of therapy, the Patient can contact UW Health's price line at (608) 263-1507. To find out if their treatment is covered, the Patient should also contact their insurance company.

By signing, I agree that (1) I have read this **entire form**, (2) I understand the form and information given to me by the physical therapist, (3) I have had the chance to ask questions and have had them answered, and I understood the answers, (4) I consent to the performance of physical therapy on the Patient. The risks and benefits of the physical therapy and other treatment options have been made clear to me. I have also been told what may happen if the Patient declines physical therapy.