

Please read, initial, and sign below:

Physical Therapy involves the use of many different types of physical evaluation and treatment. During therapy with Tonya Juge, PT, MSPT, CFMT (Tonic Physical Therapy) we use a variety of procedures and modalities to help us to try to improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for.

There is also a risk that your treatment may cause pain or injury or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be.

You have the right to decline any portion of your treatment at any time before or during your treatment session. Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associate with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by Tonya Juge, PT, MSPT, CMFT (Tonic Physical Therapy.) I also acknowledge all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.

_____ I authorized the release of any requested information to my insurance company which may be necessary for evaluating claims. I agree to be responsible for payment of services at the end of each treatment session and any late cancellation or “no show” fees.

_____ I have reviewed and received a copy of the Notice of Privacy Practices for Tonya Juge, PT, MSPT, CMFT, Tonic Physical Therapy (Form POPT 1000) and give my permission to Tonya Juge, PT, MSPT, CFMT to use and disclose my health information in accordance with it.

INFORMED CONSENT FOR PHYSICAL AND/OR OCCUPATIONAL THERAPY

_____ I agree that if I must cancel an appointment, I will do so 48 hours before the scheduled appointment.

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_____ I understand a failure to cancel on time (as stated above) or failure to be present for scheduled appointment will result in a charge for the full fee of \$270 for an office visit or \$360 for an in-home visit, billed to me, and not submittable to my insurance carrier.

_____ I have been informed of the possibility that physical therapy treatment may not be covered/reimbursed by my health care insurer without the referral of a physician, but may be a covered expense, if treatment was rendered pursuant to such referral.

_____ I hereby authorize & request Tonya Juge, PT, MSPT, CFMT (Tonic Physical Therapy) to provide such medical care & administer procedures and treatments as in the judgment of the physical therapist in attendance & deemed necessary & advisable.

Patient Signature

Date