

BODY-N-BALANCE

3005 Old Alabama Road, Building E, Johns Creek, Georgia 30022
T 770.552.8852 F 770.552.8481
www.body-n-balance.com

INFORMED CONSENT FOR PHYSICAL THERAPY SERVICES

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS

I understand that the physical therapists rendering services at Body-N-Balance, Inc. ("B-N-B") are independent professionals engaged in private practice. My physical therapist remains independently and severally responsible for his/her services, and B-N-B and any other therapist providing services at B-N-B are not responsible in any way for the services provided to me by my physical therapist. While B-N-B strives to allow only qualified physical therapists to practice at B-N-B, B-N-B, its owner and any other physical therapist practicing at B-N-B ("Other Parties") are not responsible for the quality of your physical therapist's services. The Other Parties do not have a contractual or other obligation or duty to you pertaining to your physical therapist.

I acknowledge that my attendance or use of the B-N-B facilities and equipment or participation in any B-N-B activities or programs could cause injury to me. As a pre-condition to allowing me to use the facilities or equipment and participate in any physical therapy activities or programs, I accept the risks associated with receiving physical therapy services at the B-N-B facilities or with the B-N-B equipment ("Risks"), including but not limited to the following risks: worsening of any medical condition or injury I might have, personal injury, theft, or contagion. I represent and warrant that my physician has prescribed the physical therapy services to be received by me, and that I have consulted with my physician about the appropriateness and safety of the physical therapy services offered at the B-N-B facilities and on the B-N-B equipment prior to receiving such services. I represent and warrant that I will not use the B-N-B facilities or equipment or participate in the physical therapy services at B-N-B if I possess a condition or injury that makes such use or participation inadvisable. I agree not to participate in any activities that are beyond my physical capacity.

I acknowledge and understand that, during the course of my therapy and treatment, it is likely that various types of physical therapy procedures ("Procedures") may be utilized, which are considered necessary techniques for the ordinary care and treatment of my condition(s) by my physician and/or my physical therapist. While these types of Procedures may be routinely performed by physical therapists without incident, there are certain risks associated with each of these Procedures.

My physical therapist and physician are responsible for providing me with information about the Procedures and for answering all of my questions. It is not possible to enumerate each and every risk for every Procedure utilized in modern physical therapy. However, the independent physical therapist (in addition to my physician) providing me services at B-N-B has attempted to identify

the most common Procedures, their associated risks and possible alternatives. If I have further questions or concerns regarding these Procedures, I agree to ask my physical therapist and physician to provide additional information. I further acknowledge and understand that my physical therapist or physician may ask me to provide a separate Informed Consent document.

The Procedures referenced herein may include, but are not limited to, the following: Ultrasound, electrical stimulation, hot packs, cold packs, ice massage, soft tissue massage, mobilizations, iontophoresis, phonophoresis, manual traction, mechanical traction, stretching and strengthening therapeutic exercises.

I consent to and authorize the persons participating in and responsible for my therapy to utilize the Procedures, such as those set forth above, as they may deem reasonably necessary or desirable in providing me physical therapy services as they see fit in their professional judgment, including those Procedures that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such Procedures including those conditions which may be unknown or unforeseen at the time this consent is obtained.

By signing this form, I acknowledge and understand that I have been informed in general terms of the following:

- (a) The nature and purpose of the Procedure(s);
- (b) The material risks of the Procedure(s); and
- (c) The practical alternatives to such Procedure(s).

If I have further questions or concerns regarding these Procedures, I agree to ask my physical therapist and physician to provide additional information.

I understand that the providing physical therapy is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the outcome and/or result of any Procedure(s).

I understand that the physical therapist providing my therapy will rely upon my documented medical history, as well as other information obtained from me (including this informed consent), my family or others having knowledge regarding me, in determining whether to perform the Procedure(s) or the course of treatment for my condition and in recommending the Procedure.

Signature of Adult Patient/Parent/Legal Guardian

Date

Please Print Name