

Patricia Sitton Physical Therapy

Physical Therapy • Structural Integration • Pilates

321 3rd Street, #F • Laguna Beach, CA 92651 • 415.601.1145

Medically Informed Consent for Treatment

I voluntarily consent to physical therapy treatment and services deemed necessary by my physical therapist and/or physician. I am aware that the practice of physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of these services with Patricia Sitton, MPT. I understand that it is the therapist's sincere intent to educate me on every process, from completing these intake forms to what I may expect at the time of my discharge from physical therapy. Therefore, if "hands on" manual therapy techniques and/or exercises that are being used to restore normal function are not fully understood or desired it is my responsibility to obtain a clearer understanding or what the therapist's objectives are or immediately refuse this aspect of treatment. If I feel pain and/or do not consent or feel comfortable physically or emotionally with any aspect of the treatment, it is also my responsibility to make this immediately clear to the therapist providing treatment.

***Payment at the time of service.*

****Please read...Cancellation Policy: Because I often have a waiting list, 24-hour notification is required for all cancellations so that attempts can be made to fill your vacated spot on my schedule. Patients with cancellations of less than 24-hour notification will be charged \$50. No Show appointments without prior notification will be charged the full amount of your visit.*

This consent shall be on-going for the treatment period.

I have read this form and fully understand and accept its terms and conditions:

Patient's name _____

Patient's signature _____ Date _____

Signature of guardian (if patient is under 18 years of age) _____

Signature of witness _____