



18501 N. Thompson Peak Pkwy
Scottsdale, AZ 85255
480.620.3720

Informed Consent

I understand that I have been referred to or have chosen to participate in physical therapy and performance health with The Body Shop Physical Therapy, PLLC for rehabilitation services. A licensed physical therapist will perform an initial evaluation and will discuss his/her findings with me and determine the most appropriate treatment plan. I understand that I may have questions or concerns addressed and answered before I receive any treatment, including those regarding risks and alternative to the treatment plans directed by my physical therapist. **By signing this agreement, I consent to allow The Body Shop Physical Therapy, PLLC, to provide an initial evaluation, based on the prescription provided by my physician or physical therapist.** Based on the information provided at the initial evaluation, a frequency and duration for further treatment will be agreed upon. I understand that there are inherent risks involved with exercising and rehabilitation, including but not limited to muscle cramps, sprains, strains, falling and tripping, etc...I understand that a physical therapist will provide clear and concise information regarding everything I am doing in physical therapy and everything I am having done (joint mobilization, stretches, etc.) I am participating in skilled physical therapy to benefit my body and quality of life. **I certify by my signature that I have read, understand and agree with this information.**

Patient Name (Please Print)

X _____
Patient Signature

Date: _____

X _____
Witness

Date: _____