



Sports + Dance Rehab | Physical Therapy

CONSENT FOR PHYSICAL THERAPY SCREENING

I hereby consent to a

- \_\_\_ sports injury screening
\_\_\_ dance injury screening
\_\_\_ orthopedic injury screening
\_\_\_ Functional Movement Screening (FMS)
\_\_\_ balance testing/fall prevention screening

by a licensed physical therapist employed by or under contract with Movevolution Physical Therapy, Inc.

The physical therapist has fully explained to me the nature and purposes of the procedures, screening and course of treatment, and has witnessed my signature of this consent in his or her presence. The physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving no treatment.

The physical therapist has explained that there is no guarantee that the proposed free screening and/or course of treatment will improve my condition and that is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition. I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed evaluation and treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Physical Therapist: \_\_\_\_\_ Richard Symister \_\_\_\_\_ Date: \_\_\_\_\_

Any questions about this consent form should be directed to Movevolution Physical Therapy Inc., at 718-522-2658.