



Flow Physical Therapy

Consent to Treat & Activity Release Waiver

Patient Information

Patient Name:

Date of Birth:

Consent to Treat

I, _____ voluntarily consent to receive physical therapy treatment at **Flow Physical Therapy**. I understand that physical therapy may include:

- Manual therapy** (hands-on techniques such as joint mobilization, soft tissue mobilization, and stretching)
- Therapeutic exercise** to improve strength, flexibility, balance, and coordination
- Neuromuscular re-education** for movement and posture correction
- Modalities** such as heat, ice, electrical stimulation as appropriate

I acknowledge that:

- Treatment is voluntary**, and I have the right to refuse or discontinue treatment at any time.
- I am responsible for communicating** any pain, discomfort, or concerns to my therapist.
- Results are not guaranteed**, and progress depends on my participation and adherence to my therapist's recommendations.
- My medical history is accurate**, and I will inform my therapist of any changes in my health status.

Acknowledgment of Risk & Assumption of Responsibility

I understand that physical therapy involves movement, exercise, and manual techniques that carry some risk, including but not limited to:

- Temporary soreness, joint discomfort, muscle fatigue, or mild bruising
- Aggravation of a pre-existing condition
- Dizziness, nausea, or lightheadedness in rare cases

I assume full responsibility for my participation in therapy and acknowledge that **Flow Physical Therapy** and its staff will take all reasonable precautions to minimize risks.

Medical Clearance & Fitness to Participate

I confirm that I have received medical clearance from my physician to participate in physical therapy, or I accept full responsibility for my participation without prior medical approval.

I acknowledge that I am in good physical condition to participate and will notify my therapist of any changes in my health status.

Release of Liability & Hold Harmless Agreement

By signing below, I voluntarily agree to release, waive, discharge, and hold harmless **Flow Physical Therapy**, its therapists, employees, contractors, and affiliates from any and all liability, claims, demands, or causes of action arising from my participation in physical therapy services.

I further agree that:

I assume full responsibility for any injuries or conditions that may result from participation in treatment, except in cases of gross negligence or willful misconduct by the provider.

I will not pursue legal action against Flow Physical Therapy or its employees for any claims related to my participation in treatment.

This release applies to all present and future visits at Flow Physical Therapy.

Consent to Communication & Medical Information Disclosure

I give consent for Flow Physical Therapy to contact me via:

Phone Call Text Message Email

I authorize Flow Physical Therapy to leave messages regarding my care at my listed phone number.

I authorize Flow Physical Therapy to discuss my medical information with:

Name: _____ **Relationship:** _____

I understand that I can revoke this consent in writing at any time.

Signature & Acknowledgment

By signing below, I confirm that I have read and understand the **Consent to Treat & Activity Release Waiver**, and I agree to the terms outlined above.

Patient Signature: _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____