



GENERAL STATEMENT OF PHYSICAL THERAPY AND PROCEDURES

The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis, and intervention by use of rehabilitative procedures, mobilization, massage, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to you before you are asked to perform them.

DESCRIPTION OF POTENTIAL RISKS

Response to physical therapy intervention varies from person to person; hence, it is not possible to accurately predict your response to a specific modality, procedure, or exercise protocol. Mayra Navarrete, PT, DPT does not guarantee what your reaction will be to a specific treatment, nor does it guarantee that the treatment will help resolve the condition that you are seeking treatment for. Furthermore, there is a possibility that the physical therapy treatment may result in aggravation of existing symptoms and may cause pain or injury. This discomfort is usually temporary. It is very important to communicate with the treating physical therapist if it does not subside in a reasonable time period throughout your treatment.

It is your right to decline any part of your treatment at any time before or during treatment, should you feel any discomfort or pain or have other unresolved concerns. It is your right to ask your physical therapist about the treatment they have planned based on your individual history, physical therapy diagnosis, symptoms, and examination results. Consequently, it is your right to discuss the potential risks and benefits involved in your treatment.

I understand that Mayra Navarrete, PT, DPT shall not be liable for any damages arising from personal injuries sustained by the patient while and during physical therapy evaluation and treatment.

I hereby fully and forever release and discharge Mayra Navarrete, PT, DPT, it assigns and agents from all claims, demands, rights of action, present and future therein.

I understand and warrant, release, and agree that I am in good physical condition and that I have no disability impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate.

DESCRIPTION OF POTENTIAL BENEFITS

The patient may experience an improvement in my symptoms and an increase in their ability to perform daily activities as well as those activities needed in dance or extracurricular activities. I may experience increase strength, stability, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.



DISCLOSURE

Patient acknowledges that physical therapy is not a substitute for a medical diagnosis by a physician, nor is it based on radiological imaging. A physical therapist cannot diagnose illness or disease, and such services might not be covered by a patient's health plan or insurer.

MEDIA RELEASE

With your consent, potential written/video testimonials may be reproduced and released for use in the media, newspapers, brochures, video, television, the internet, and social media to promote Mayra Navarrete's services (Complete Performance Physical Therapy, PLLC).

I have read the forgoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Printed Name

Signature

Guardian/Parent Signature if patient under 18 yrs of age

Date



CANCELLATION POLICY

I understand that emergencies happen or sometimes you may need to reschedule appointments. Please understand that time is reserved for you and this courtesy makes it possible to give the best service here at Complete Performance Physical Therapy, PLLC. If you need to reschedule, please give at least 24 hours in advance notice. A late arrival of 15 minutes or more will be considered a no show.

For every cancellation not given 24 hrs in advance or no show, there will be a \$25 dollar charge.

I thank you for your trust here at Complete Performance Physical Therapy.

Printed Name

Signature

Date