



INFORMED CONSENT FOR SERVICES

Dear Client,

WholePerson Therapeutics provide occupational therapy services which include physical rehabilitation, environmental modification, pain management, chronic condition management, and more... Our services involve the use of many different types of evaluations, equipment, and treatment approaches. We utilize a variety of techniques, interventions and modalities to help us to try and improve your function. As with any treatment of human conditions, there are benefits and risks involved with licensed therapeutic services.

Since the physical responses to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapeutic interventions or techniques. We are not able to guarantee precisely what your reaction to a treatment technique maybe, nor can we guarantee that our treatment will help the condition for which you are seeking treatment. There is also a risk that your treatment may cause pain, injury, or may aggravate previously existing conditions.

You have the right to ask your therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms, testing results and personal goals. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time or during your treatment session.

Therapeutic exercises, learning of compensatory strategy, adaptation techniques or remediation activities are an integral part of most rehabilitation therapy treatment plans. Physical movement has an inherent physical risk associated with it. If you have any questions regarding the type of activities you perform, and any specific risks associated with your scheduled activity, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by WholePerson Therapeutics LLC therapist, and all my questions have been answered to my satisfaction. I understand the risks associated with a program for occupational and physical rehabilitation therapy as outlined to me, and I wish to proceed.

PATIENT: _____
Print Name Sign Date