



CONSENT FOR CARE AND TREATMENT OF A PATIENT. The physical therapist assigned to your initial examination will complete an evaluation and design a treatment protocol customized to your current condition. A variety of treatment techniques may be used during your physical therapy sessions.

We at Core Performance recommend a team approach to your physical therapy needs. A multi-therapist approach allows us to offer you broader clinical backgrounds along with different professional expertise to help you reach your goals quickly and safely. This also ensures more flexibility with scheduling appointments. Please be reassured that all our physical therapists share a similar philosophy and that your present therapist puts together a plan of care that can be carried out by any of the other therapists at Core Performance Physical Therapy. If you are only willing to work with one physical therapist, we will do our best to accommodate your needs.

EXPECTATIONS AND COMPLIMENTARY DISCIPLINES. Following your first physical therapy appointment, please expect some muscle soreness at and around your treated body part. The soreness is a result of activating muscles that have been inhibited by injury and stimulating injured soft tissue. We strongly recommend good hydration and ice application to your areas of discomfort and soreness. If you experience any unrelenting pain, please call us and we will redirect you to a therapist.

We at Core Performance believe that physical therapy can be complemented with Massage Therapy, Personal Training and Pilates Training for optimal results. We also offer a Golf Performance Training for those who want to return to their golf game. These complimentary disciplines will assist you with a quicker turnaround time getting you back to your prior level of function. We encourage you to ask our front desk for more information on any of the above that might interest you.

I, the undersigned, hereby agree and give consent for Core Performance Physical Therapy to provide physical therapy care and treatment considered necessary and proper in evaluating and/or treating my physical condition.

Patient's Name (Print Name)

Patient's Signature

Date

As parent and/or legal guardian, I authorize Core Performance Physical Therapy to treat the minor patient named in the attached forms while I am not present.

Parent/Guardian's Name (Print Name)

Parent/Guardian's Signature

Date