



Informed Consent Form

I, _____ understand that I will be participating in private, one on one physical therapy, incorporating hands on treatment manual passive stretching, spinal mobilization, kinesiotaping, manual therapy, massage, muscle activation, and traditional conservative treatment techniques so that I can improve my strength, endurance, flexibility, balance, core strength and overall health and wellness.

I understand that my physical therapist is licensed in the State of Illinois and is educated and highly-trained in the areas above.

By signing below, I am giving my consent to treatment (“informed consent”). I also consent for treatment to occur in my home, gym, workplace, or other location previously agreed upon.

I have been instructed by my physical therapist to alert my therapist of any special needs, pregnancy, injuries, preferences, or considerations prior to starting my session on each date as these could affect my safety and securing during the treatment process.

I understand by signing below, I release this physical therapist of all liabilities for my health and safety during my participation in this treatment process.

I only provide this release with the understanding that my instructor is fully trained and upholds an active license to perform physical therapy in the State of Illinois

Print name of patient: _____ date: _____

Date of birth: _____

Address: _____

City, State: _____

ZIP: _____

Phone number: _____

Signature: _____

Signature of parent or guardian if patient is under 18: _____



Financial agreement

Note: please read carefully

With services delivered in the privacy of your own home, Activate PLLC Physical Therapy is able to optimize time while providing you dedicated attention and effort. We also specialize in providing preventative therapy services which allows you to perform at your best and reduce risk of injury and pain. If you are seeking treatment for a specific injury, please obtain a referral from your physician. In order to maintain highly competitive rates for our one hour personalized and dedicated service, Active PLLC physical therapy does not contract with insurance companies. Activate PLLC gives you, the patient, control over the care that you are seeking.

_____ initial here for clients holding commercial insurance choosing to cash pay for services. It should be noted that in initializing this section and signing the Financial Responsibility you are acknowledging that there will be no submission to your insurance provider for potential reimbursement.

_____ initial here if you hold Medicaid and you are choosing to cash pay for preventative services. Medicare DOES NOT reimburse for preventative services and therefore there will be no submission to your insurance provider for potential reimbursement.

By signature of this Financial Responsibility, I

Acknowledge that services provided by Activate PLLC are on a cash-pay basis and there will be no claims made to your insurance company or Medicare on your behalf.

Signature

Date

REACTIVATE

PHYSICAL THERAPY

Patient intake form

Today's Date: _____

Patient Name: _____

Date of Birth: _____

Referring Physician Name: _____

How did you find us? _____

Pain in which you are seeking treatment for? _____

Medical History: (check all that apply)

Cardiac History

- Angina
- CHF
- Heart attack
- Pacemaker
- Other _____

Respiratory history

- COPD
- Emphysema

REACTIVATE

PHYSICAL THERAPY

- Asthma

- Stroke/TIA

- Diabetes

- Osteoporosis/osteopenia

- Seizures

- Currently or recently pregnant

- Abdominal issues

- Abdominal surgeries

- Headache/migraines

- Smoker

- Other history: _____

- Other things that I should know about you before beginning a treatment:
 - _____
 - _____

Patient (or guardian signature): _____

Date: _____