

Intentional Wellness Physical Therapy, LLC

Leslie Clements, PT • (480) 747-8433

Consent for Body-Work / Physical Therapy Interventions

I, the undersigned, agree and give my verbal and written “**informed consent**” to Leslie Clements, PT in order to receive, directly from her, private one-on-one sessions consisting of various and multiple skilled PT interventions. I understand the intent of all interventions is to positively influence my personal health and wellness through improved brain-mind-body connections. Potential risks, benefits, harm, and reasonable alternatives to other interventions as well as other health care resources have been explained to me and I choose to participate at this time in the interventions provided by Leslie Clements, PT.

I understand the **nature of any proposed Physical Therapy may include Evaluation/Examination, and Interventions of** instruction, demonstration, hands-on training in Therapeutic Exercises, Neuromuscular Re-education, Therapeutic Activities, Gait Assessment and training, various Manual Interventions including, but not limited to, Cranial Sacral Techniques, Lymphatic Drainage, PRRT, AAT, Strain Counter Strain, Visceral Manipulation, Joint Mobilizations, Manual Cervical Traction/Distraction, Soft Tissue Mobilization, Effleurage, Tapotement, Performance Testing, and Kinesio-taping. I understand that any of the following Modalities may be used during my sessions for benefit of increased circulation, comfort, decreasing pain: FAR Infar-red heat mat, Cryo-therapies, Electrical Stimulation of TNS, IFC, Russian muscle re-education stimulation, Ultrasound, Low Level Laser, and Alpha Stimulation. I understand all interventions may be modified in their intensities, parameters, or deliveries depending on my response and tolerance to the interventions/modalities as well as for my personal safety, under the professional/clinical judgment of Leslie Clements, PT.

I understand any PT Evaluation and/or Intervention is likely to include inspection, evaluation and/or treatments to areas of my body that may not be in direct line or near the site of my primary complaints but present or are suspect by Leslie Clements, PT of the cause or source of the my chief complaint or obvious limited function or abnormal movement patterns. I also understand I have the right to request detailed explanations of all PT interventions I receive from Leslie Clements, PT at any time during my private sessions.

Reasonable alternatives to traditional Physical Therapy interventions include being referred to a PCP, Orthopedic Specialist, Neurological Specialist, Cardiac Specialist, General Medicine Physician, PA-C, Nurse Practitioner, or other health care providers for any unresolved symptoms or concerns. I understand I can also seek care for any reason through another Physical Therapist or other licensed, or professional health care provider. Should it become apparent during the course of my Physical Therapy that I need to be referred out, I understand I will be informed of that clinical decision as soon as it becomes apparent through assessment and response to any body-work or skilled interventions provided by Leslie Clements, PT, or at my request.

I understand during, after, or between my sessions of body-work or traditional skilled PT interventions **I may experience**, for the first time, or detect an increase or aggravation in: original complaints/familiar symptoms, or impairments defined as any of the following: pain, discomfort, decreased or restricted ROM, tightness in any area of my body, soreness during, after, or between sessions with Leslie Clements, PT. I understand the above descriptions are likely to be temporary in duration and should subside or fully resolve in a reasonable amount of time without complications. I understand every **precaution and care** will be taken in my behalf to see there is no risk of harm or complication to my health or well-being during the reception of any body-work, or Physical Therapy interventions provided to me by Leslie Clements, PT.

I understand at any time I have **questions or concerns** I may communicate directly to and with Leslie Clements, PT and expect to receive attention and respect and courtesy. I may also express any concerns in writing to Leslie Clements, PT and expect a courteous response. I may also express any concerns verbally or in written form to the State Physical Therapy Board.

I declare I have read, or had read to me, or explained to me the foregoing. Any questions which may have concerned me have been answered to my satisfaction. Based on this information **I voluntarily agree to participate in the body-work or skilled Physical Therapy interventions provided to me by Leslie Clements, PT.** I also understand I may withdraw from these services at any time and agree to provide a truthful explanation as to why, and pay in full any and all fees associated with received care.

Patient / Client **Printed Name:** _____

Patient / Client Signature: _____

Date: _____ / _____ / _____