

**POW PHYSICAL THERAPY**

Pilates, Orthopedics, Women's Health

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**4601 Telephone Rd., Suite 107**

**Ventura, CA 93003**

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**www.powphysicaltherapy.com**

**Informed Consent and Liability Waiver Form**

Physical therapy is a patient care service provided in response to a wide range of medical care needs of outpatients of all ages regardless of gender, color, ethnicity, creed, or disability. The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation, diagnosis, prognosis and intervention. Treatment may consist of rehabilitative procedures, mobilization, massage, exercises and physical agents to aid the patient in achieving their maximum potential for recovery within their capabilities. All procedures will be thoroughly explained to you before you are asked to perform them. You are expected to fully cooperate with the evaluation and treatment program. Because of the nature of services provided, you may be asked to disrobe. If this is necessary, your privacy, modesty, and dignity will be considered at all times by the staff. Should you feel uncomfortable or embarrassed, you may refuse the procedure, stop the procedure and/or request another therapist. There are certain inherent risks with physical therapy treatments because you will be asked to exert effort and perform activities with increasing levels of difficulty that could increase your level of pain or discomfort with a current or previous injury. You will be able to stop treatment if you feel any discomfort or pain. Your therapist will take every precaution to ensure that you are protected from any potentially hazardous situation. You will never be forced to perform any procedure that you do not wish to perform. Based on the above information, I agree to cooperate fully, to participate in all physical therapy procedures, and to comply with the plan of care as it is established. I have read the consent form and authorize the release of medical information to appropriate third parties.

I hereby release POW Physical Therapy, Jennifer Ballentine Evans and Matthew Evans from any responsibility or liability due to my participation in physical therapy. I am fully aware that I am participating in these sessions at my own risk and will not hold those named above responsible in the event of my incurring an injury or exacerbating any previously existing conditions. If I have any medical conditions I have consulted with my physician to make sure that physical therapy is appropriate for me to participate in.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Under 18 Years of Age:

Parent or Legal Guardian Name and Signature: \_\_\_\_\_