

Valley Rehabilitation, Ltd.

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INFORMED CONSENT

By signing this form, I am giving my consent to receive physical therapy treatment for my medical condition. The nature of physical therapy is to help aid in my recovery and to help me return to my former state of health, as much as is possible. If I comply with my therapist's treatment protocol, I should not experience detrimental side effects. However, I am also aware that, as in many types of medical treatment, rare but unforeseen complications such as: soreness, skin rash, skin reddening, blisters, etc. may result.

Reasonable alternatives to this treatment would be to withhold treatment completely to observe whether or not the condition improves without the intervention of physical therapy. Should I choose to proceed with the therapy treatments, I understand that my therapist will explain the goals that he/she has established for me.

The therapist encourages my taking an active role in the therapy regimen and welcomes my questions at any time.

Please Print Patient's Name

Patient or Guardian Signature

Date

MEDICARE PATIENTS

If Medicare is my primary or secondary insurance, I understand that if I am receiving any home care such as oxygen, catheter care, bathing, etc., that Medicare will deny my claims and I will be directly responsible for charges to Valley Rehabilitation.

I am _____ I am not _____ receiving home health care as listed above.

Please Print Patient's Name

Patient or Guardian Signature

Date

Witness

Date