

PATIENT NAME: _____

DOB: _____

INFORMED CONSENT FOR IN-CLINIC PHYSICAL THERAPY

Before we can treat you in-person during the COVID-19 pandemic, we are required to obtain your informed consent to receive physical therapy services in our physical clinic. You can only provide us with your informed consent after you have reviewed the potential benefits, risks, and any potential alternative treatments. Therefore, you, the undersigned patient, acknowledge and agree that Vitality and its providers will render in-clinic physical therapy services. You consent to this treatment.

To Be Completed Before In-Clinic Care is Initiated or Resumes

Summary of the potential material risks, benefits, and alternatives.

Benefits:

- Comprehensive assessment of musculoskeletal anatomy that may be contributing to pain/dysfunction
- Improve mobility and ability to successfully complete daily activities
- Ability to evaluate or identify problems requiring referral to another medical specialty

Risks:

- Exposure to or infection due to COVID-19 coronavirus
- Populations at a high-risk for severe illness from COVID-19 are, per the CDC website as of 5/14/2020:
 - People 65 years and older
 - People who live in a nursing home or long-term care facility
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease
- Serious complications and/or death resulting from COVID-19 coronavirus

Alternatives:

- Referral to alternative medical providers for care
- Transition care to telehealth platform
- Defer all physical therapy intervention

ACKNOWLEDGEMENT & AGREEMENT FOR IN-CLINIC PHYSICAL THERAPY

- ❖ As provided above, I acknowledge Vitality has explained the benefits, risks, and alternatives to in-person physical therapy services and treatments.
- ❖ I agree to proceed with in-clinic physical therapy at this time and understand that it is my right to elect to pursue alternative treatment at any time.

Printed Name: _____ Signature: _____ Date: _____

For minor patients: I, the undersigned, am this patient's parent or guardian. I hereby provide my informed consent for the patient's treatment, both on my behalf and on behalf of the minor patient.

Guardian Name: _____ Signature: _____ Date: _____

Vitality Staff: _____ Signature: _____ Date: _____