



13825 W. 85<sup>th</sup> Drive, Suite 200 Arvada, CO 80005

## Consent for Treatment

I, \_\_\_\_\_ ("Patient"), hereby request and consent to Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC performing services, care, and treatment that the physicians, physical therapists, and non-physician providers deem necessary. By signing this Consent for Treatment form (hereinafter, "Consent"), I agree that services, care, and treatments provided by Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC may include but are not limited to physical therapy, occupational therapy, personal training, and group classes.

I understand that it is my responsibility to inform my licensed provider and/or support staff about my medical history, including health problems, allergies, and any drugs or medications that I am taking.

I understand and am informed that the practice of physical therapy, occupational therapy, and personal training may have some risks. I understand that, prior to treatment, I have the right to ask about these risks and have any questions answered about the treatment my licensed provider has planned based on my individual history, diagnosis, symptoms, and examination results.

I further acknowledge that the purpose of the care and treatment, reasonable alternative forms of treatment, risks of the recommended and alternative care, and the risks of foregoing this care and treatment have been fully explained to and understood by me.

I authorize my licensed provider to perform any additional or different treatment, which is deemed necessary should, during treatment, a condition be discovered which was not known previously.

I understand that the practice of physical therapy, occupational therapy, and personal training are not exact disciplines, and I acknowledge that no guarantees have been made to me regarding treatment and/or the treatment results from the treatment I receive. I understand that every individual may respond differently to a particular treatment regimen.

I understand that Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC are organizations dedicated to learning and providing clinical experience to students. I understand that students under supervision of a licensed provider may assist in the delivery of my care.

I have carefully read and fully understood this Consent and have had the opportunity to discuss my condition with my licensed provider.

I consent and authorize Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC (including students in training) to administer treatment under the direction and supervision of my licensed provider.

Where this Consent is executed by the Patient's Parent/Legal Guardian, such Parent/Legal Guardian certifies to Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC that: (1) Parent/Legal Guardian is authorized to execute this Consent on behalf of Patient; (2) Parent/Legal Guardian has read this Consent, understands this Consent, and agrees to all of the statements in this Consent on behalf of and as they relate to the Patient; and (3) Parent/Legal Guardian has discussed with Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC the Patient's condition, recommended course of therapy and risks, some alternative methods of care and the general hazards connected therewith, and Parent/Legal Guardian is thereby fully informed.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (to minor)

\_\_\_\_\_  
Date