

# Plain Language Consent

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All forms and handouts should be composed to imitate ordinary speech with the added requirement of clarity using the least number of words necessary.

**Typical medical description**      The initial evaluation may take up to one hour. During the evaluation, the physical therapist will provide appropriate testing and discuss various treatment strategies designed to help you reach the optimal state of health and function. It is advised that you wear comfortable and loose clothing for this initial evaluation. If your legs or feet are being examined, gym shorts are recommended.

**Plain language description**      Your first appointment may take up to one hour. Your therapist will do some tests and talk to you about your treatment options. Please wear comfortable clothes that fit loosely. If we are looking at your legs or feet, please wear shorts.

## **Consent Form for Examination and Treatment by a Physical Therapist**

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I, \_\_\_\_\_, agree to be examined and treated by \_\_\_\_\_ a physical therapist and her/his assistants. In order for me to be properly examined or treated, I will need to wear shorts and a t-shirt.

The physical therapist will need to observe my body while it is motionless and while it is moving. It will be necessary for the therapist to touch and move my body in order to assess and treat. Should I feel uncomfortable about the assessment or treatment process at any time, I can say so to the physical therapist, and I can order the assessment and/or treatment to be stopped.

I can have another person in the room with me. That person can be a friend, relative, advocate, or someone else from the clinic, if available. If the latter, I can choose the gender of this person.

I will need to tell the physical therapist about my past and present health problems. The therapist will ask my permission to contact my doctor if he or she finds any new problems. I am aware that all information I disclose and all information charted is confidential.

Physical therapy treatment may involve the following specific and clearly stated methods: \_\_\_\_\_.

Soreness after treatment is common because joints and muscles are stretched. If I have any other symptoms, I will tell my physical therapist. If I have any questions, I

My signature below indicates that I understand all of the above information.

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