

Patient Consent

Supplemental Informed Consent: Physical Therapy Treatment in the Era of COVID-19

Please print this form and bring it with you to your next appointment. Thank you!

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. Be assured that we continue to follow all state and federal regulations, wear recommended universal personal protective equipment (PPE), and utilize CDC disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your church, grocery store or even your favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the treatment that we provide, it is not possible to maintain social distancing between the patient and their physical therapist. Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes _____ No _____

Patient Name

Patient/Guardian Signature

Date