



Quinn Orthopedic Physical Therapy
20823 Stevens Creek Blvd. Suite 200
Cupertino, CA 95014
Phone: (408) 252-6076
Fax: (408) 252-1159

Onsite at Apple Inc. Quinn Downtown Physical Therapy
Apple Wellness Center 595 Park Ave., Suite 101
20730 Valley Green Dr. San Jose, CA 95110
Cupertino, CA 95014 Phone: (408) 947-8466
Phone: (408) 783-4000 Fax: (408) 947-8460

Informed Consent for Physical Therapy Services

Physical Therapy: The purpose of physical therapy is to treat disease, injury and disability by examination, evaluation and intervention by use of rehabilitative procedures, mobilization, manual techniques, exercises, and physical agents to aid the patient in achieving their maximum potential within their capabilities and to accelerate convalescence and reduce the length of functional recovery. All procedures will be thoroughly explained to me before they are performed.

Informed Consent for Treatment: The term “informed consent” means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. I understand that the physical therapist provides a wide range of services and I will receive information at the initial visit concerning the treatment and options available for my condition.

I will notify my practitioner if I am pregnant, become pregnant, or am trying to get pregnant. I understand I am encouraged to communicate with a physician the potential benefits and risks of treatment relevant to my pregnancy.

Potential Benefits: Benefits may include an improvement in my symptoms and an increase in my ability to perform my daily activities. I may experience increased strength, awareness, flexibility and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the recourses available to me.

Potential Risks: I may experience an increase in my current level of pain or discomfort, or aggravation of my existing injury during physical therapy. This discomfort is usually temporary; if it does not subside in 24 hours, I agree to contact my physical therapist.

No Warranty: I understand that my physical therapist cannot make any promises or guarantees regarding a cure for or improvements in my condition. I understand that my physical therapist will share with me her opinions regarding potential results of physical therapy treatment for my condition and will discuss treatment options with me before I consent to treatment.

Alternatives: If I do not wish to participate in the therapy program, I will discuss my medical, surgical or pharmacological alternatives with my physician or primary care provider.

Insurance: I, the patient, am ultimately responsible for payment of my account. As a courtesy, Quinn Orthopedic Physical Therapy will bill my insurance company on my behalf. I am responsible for paying any deductible and/or co-payment due at time of service. After 60 days any balance not paid by insurance will become my responsibility.

I may elect to pay out of pocket for physical therapy services. For patients without insurance or for those who elect to pay out of pocket, a discounted “cash rate” of \$150 for the initial evaluation and \$75 for follow-up appointments will apply. Payment will be due at the time of service.

Cancellation Policy In the event that I need to cancel a scheduled appointment, I agree to provide the courtesy of 24-hours notice so that QOPT can offer my appointment to patients waiting on the standby list. If I fail to give 24-hours notice of a cancellation, I understand that I will be subject to a \$50 missed appointment fee.

I have read the above information and I consent to physical therapy evaluation and treatment. My signature below acknowledges that I have read, understood and will abide by the conditions and policies noted on this consent form.

Print name of patient

Date

Patient's signature (if patient is a minor, parent or legal guardian must sign)