



Consent to Treat/Release of Liability

Initial physical therapy evaluations cost \$150 and follow-up 1 hour visits are \$100. drivePT LLC is a cash based physical therapy practice that does not accept insurance. While drivePT LLC is out of network for all insurances, your insurance provider may allow you to request reimbursement under your out of network physical therapy benefits. Upon request, drivePT LLC will provide a superbill, which is an itemized form that reflects your diagnosis(s) and services provided. You may choose to submit this to your insurance provider for out of network reimbursement. drivePT LLC does not guarantee you will be reimbursed. At drivePT, individualized and evidenced based care is provided in order to reduce the frequency and number of total visits needed to help you meet your goals.

Delaware is one of 26 states that allow direct access to physical therapy services. Direct access means that a physician referral is not required to start physical therapy care. If treatment is necessary past 30 days from the initial evaluation, a client will need to obtain a referral from a licensed health practitioner to continue care to be in compliance with Delaware state law.

Full payment is due at the time of service.

Cancellation: Please provide 24 hours notice for cancellations, or you will be charged the full session amount. I have read and understand the above pricing and policies.

Name _____ Signature _____ Date _____

drivePT LLC looks forward to serving you!

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As a client of drive PT LLC, you will be evaluated and treated based on your presenting signs and symptoms and past medical history. The purpose of physical therapy is to treat disease, injury, and disability through examination, evaluation, diagnosis, and prognosis. In order to improve your current function and disability, interventions such as mobilization, massage, manipulation, exercise, dry needling, and/or use of modalities may be used in your treatment. Response to physical therapy treatment varies from person to person, and while the likelihood of adverse events is low, there are risks of soreness, aggravation of existing condition, skin irritation and cardiovascular complications such as rapid heart rate, shortness of breath, cardiac arrest, and/or cerebral vascular accident. It is your right to decline any part of your treatment at any time before or during treatment. It is also your right to discuss the potential risks and benefits involved in your treatment.

I have read this consent form and understand the risks involved in physical therapy. I consent to physical therapy evaluation and treatment by drivePT LLC, and I agree to comply with the established plan of care. I understand that I have the right to ask about these risks and ask any questions about my conditions prior to treatment. I know it is up to me to inform the physical therapist/staff about any health problems or allergies I have, as well as medications I am taking. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of drivePT LLC. I acknowledge the risk associated with using CrossFit Bear's equipment, and I agree to not hold CrossFit Bear or it's employees or representatives liable. I will not hold drivePT LLC or CrossFit Bear liable for any adverse effects or injuries that occur on the premises.

Name _____ Signature _____ Date _____

Consent for Dry Needling

Dry needling is a technique used in physical therapy practice to treat myofascial, muscular, and connective tissues for the management of neuromuscular pain and movement dysfunction. Dry needling technique should not be confused with an acupuncture treatment performed by a licensed acupuncturist. As with any treatment, there are possible risks associated with dry needling. Mild side effects such as bleeding,



bruising, and temporary pain have been associated with dry needling. Other mild side effects include aggravation of symptoms, drowsiness, feeling faint, headache, and nausea. Rare side effects associated with dry needling are infection and pneumothorax (lung puncture), which requires immediate medical attention. Please seek immediate medical attention if you experience shortness of breath, increased breathing rate, chest pain, dry cough, excessive sweating, and/or bluish discoloration of the skin.

I understand the risks involved in dry needling, and I consent to the treatment of dry needling from Lindsey Hughey, PT, DPT, OCS, FAAOMPT. I understand I will need to obtain a script from my MD prior to receiving dry needling treatment.

Name _____ Signature _____ Date _____