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## CONSENT TO TREAT

1. I, \_\_\_\_\_ do hereby give my consent to treatment by Jeter Rehab Services, Inc. through concurrent therapy (hereinafter referred to as "Therapy".) I understand that the Therapy may include, but not be limited to: strength, flexibility, pain management, endurance, cardiovascular fitness, coordination, balance, neurological screen, posture, mobility, repetition tolerance, material handling ability, pain questionnaires, and activities of daily living including work tasks. I give my consent voluntarily to participation in the Therapy. This consent applies to the entire course of treatment for me at Jeter Rehab Services, Inc.
2. I understand that there are certain risks associated with the Therapy including, but not limited to, pain, tightness, tenderness, soreness, rashes, burns, slip and fall, dislocation, bone fracture, general discomfort, re-injury and cardiopulmonary signs, such as elevated heart rate, labored breathing, and excessive sweating or light-headedness. I freely and voluntarily assume these risks. I also understand that there are possible benefits associated with the Therapy, including greater mobility, recovery, less pain, improved performance level, more function, higher endurance and better ability to perform activities of daily living, including work tasks. However, I understand that there is no certainty that I will achieve these benefits and no guarantee has been made to me regarding the outcome of this Therapy.
3. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction.
4. I agree to the treatment of this Therapy by a licensed staff Therapist at Jeter Rehab Services, Inc. and I understand that he or she will be assisted by other health care professionals and such others as he or she considers necessary in my care. I agree to their participation in my care.
5. I take personal responsibility to report or communicate to the Therapist any symptoms or concerns that I have as soon as possible. I will take responsibility to and conduct myself consistent with the instructions and directions of the Therapist including, but not limited to, giving my best effort in participation in the Therapy, performing a home exercise program as instructed, and wearing assistive devices as instructed. I understand that I retain the right to decide whether I will continue, modify, stop or decline to perform any activity in part or in whole and this will be documented as such.
6. I understand that Jeter Rehab Services, Inc. may use my participation and/or the results of my participation in Therapy as part of research studies or for educational/training purposes. I consent to this as well.
7. I have read the information provided above and have been given a copy of this form upon request.
8. I have disclosed all medical history symptoms or conditions regardless of whether I believe they could potentially be associated with my condition I am being treated for. Jeter, Inc. will not be responsible for any potential re-activation of any prior symptoms or conditions.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient