emPOWERme P.T.
STRENGTH FROM WITHIN

SWEET PEA
PEDIATRIC WELLNESS
Balancing bodies, hearts and minds

General Liability Release Form

Please initial next to each item if you agree to the following:

1) I give my permission to receive direct physical therapy (P.T.) services.

2) I understand that therapeutic massage is one modality used that can foster relaxation, improved circulation, improved digestion, and improved sleep.

3) I understand that the P.T. does not diagnose illnesses or injuries, or prescribe medications.

4) I have clearance from my physician to receive physical therapy, including massage and myofascial release.

5) I understand the risks associated with massage therapy include, but are not limited to:

- Superficial bruising
- Short-term muscle soreness
- Exacerbation of undiscovered injury
- I therefore release the company and the individual physical therapist from all liability concerning these injuries that may occur during the treatment session.

6) I understand the importance of informing my P.T. of all medical conditions and medications I am taking, and to let the P.T. know about any changes to these. I understand that there may be additional risks based on my physical condition.

7) When receiving telehealth services, all healthcare consumer rights and protections are the same as an in-person session.

8) I understand that it is my responsibility to inform my P.T. of any discomfort I may feel during the treatment session so he/she may adjust accordingly.

9) I understand that I or the P.T. may terminate the session at any time.

10) My fee for service will not be anymore than $125/session. Discounts are available for pre-purchased sessions (groups of 5) or for other packages.

11) I have been given a chance to ask questions about the P.T. session and my questions have been answered.

12) A good faith estimate of fee for service is not to exceed $200 per session. You will be told your session rate in advance. Sliding scale is available for those individuals who are unable to pay the scheduled rates:

- 30 minute session $65
- 60 minute session $125
- 90 minute session $175

_____ _____

PATIENT NAME DATE

_____ _____

SIGNATURE RELATIONSHIP TO PATIENT, IF MINOR