CONCIERGE PHYSICAL THERAPY & WELLNESS SERVICES CONSENT FORM

Omid Kajbaf PT, DPT, OCS |Phone Number: (310) 614 8846 |Email: info@katalyst4motion.com

Patient Information:

- **Full Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Emergency Contact Information:

- **Full Name:** _____
- **Phone Number:** _____
- **Relationship to Client:** _____

Description of Services:

I, the undersigned client, hereby consent to receive concierge physical therapy and/or wellness services provided by Omid Kajbaf PT, DPT, OCS, hereinafter referred to as "Provider."

Nature of Services: I understand that the concierge physical therapy & wellness services may include, but are not limited to, evaluation, diagnosis, treatment, and rehabilitation for various musculoskeletal conditions or injuries.

Privacy and Confidentiality: I acknowledge that my personal and medical information will be kept confidential in accordance with all applicable laws and regulations, and will only be shared with individuals involved in my care.

Payment: I agree to pay for the concierge physical therapy services as outlined in the financial agreement provided by provider.

Cancellation Policy: I understand that there may be a cancellation policy in place and agree to abide by it. Any missed appointments may be subject to fees.

Emergency Situations: I authorize the provider to seek emergency medical treatment on my behalf if deemed necessary.

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Assumption of Risk:

I understand and acknowledge that I am voluntarily participating in the services provided by the Provider, and I voluntarily assume all risks associated with such participation including:

- Risk of injury, strains, or sprains.
- Discomfort or pain during treatment.
- Allergic reactions to products or treatments.
- Exacerbation of pre-existing medical conditions.

I understand that the Provider will take all reasonable precautions to ensure my safety during the provision of services.

Indemnification:

I agree to indemnify and hold harmless Omid Kajbaf PT, DPT against any and all claims, demands, damages, liabilities, and expenses, including attorney's fees, arising out of or related to my participation in the services provided by the Provider.

Release of Liability: I, on behalf of myself and my heirs, executors, administrators, and assigns, hereby release and forever discharge the Provider from any and all claims, demands, actions, or causes of action arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me or caused to me in connection with the services provided by the Provider, even if caused by the negligence of the Provider or its agents.

Consent for Treatment:

I give my informed consent for the Provider to perform the agreed-upon physical therapy and wellness services. I understand that it is my responsibility to inform the Provider of any medical conditions, allergies, or medications that may affect my ability to safely receive these services.

Agreement Duration: This consent form is valid for the duration of my treatment with the provider and may be updated or revoked by me in writing at any time.

I have read and understood the terms and conditions outlined in this consent form. I have had the opportunity to ask questions, and any concerns have been addressed to my satisfaction.

Patient's Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Witness Signature: _____ Date: _____