



INFORMED CONSENT FOR WELLNESS

Dear Wellness Client,

Wellness is the act of practicing healthy habits to attain better physical and mental health outcomes.

Confluent Therapy Solutions utilizes a variety of physical strategies to build and maintain physical fitness and/or prevent falls or a decline in health. These activities include but are not limited to stretching, resistance training, postural training, and balance training.

Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my Wellness Program has been explained by Confluent Therapy Solutions, and all of my questions have been answered to my satisfaction.

I fully understand the risks and benefits of, and alternatives to, treatment associated with a Wellness Program, including the alternative to decline treatment entirely, and I wish to proceed with the Wellness Program.

Signature of Client, Parent, or Guardian: _____

Date: _____

AGREEMENT OF FINANCIAL RESPONSIBILITY, 24 HOUR CANCELLATION POLICY - \$25

Thank you for choosing Confluent Therapy Solutions. We are committed to providing high quality care to all of our clients. We are a private pay provider of physical therapy, home safety, and wellness. We do not contract with any insurance companies. *Fees are payable when services are rendered and we accept cash, personal check, credit cards, and HSA/FSA cards.*

Please give a 24-hour notice if you wish to cancel or reschedule your wellness appointment. All cancellations made within 24 hours will be charged a \$25.00 cancellation fee.

Signature of Client, Parent, or Guardian: _____

Date: _____