

**Function Ability Physical Therapy**  
Specializing in Alternative Techniques and Women's Health  
**Debora Hickman DPT, CLT-LANA**

**Medical Information and Consent Form**

***Patient Information:***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

***Physiological Complaint:*** Briefly state your complaint and what you would like to accomplish with treatment.

\_\_\_\_\_

Matrix Repatterning is a manual treatment approach addressing the primary sources of dysfunction in the connective tissue-fascial system. The connective tissue-fascial system is a web within the body which provides stability, flexibility and mobility, and connects the whole inside of the body itself. When a person experiences mechanical or physiologic stress, the fascial system will pull other tissues to readjust itself to the dysfunction. During the healing process, cross-linkages are increased, elasticity in the tissue then decreases and shortens the fiber length in the fascial system. These phenomena will result in fascia pulling on bones, muscles, ligaments and tendons. I understand and am informed that in the practice of manipulation, there are some slight risks to treatment, including but not limited to, muscle strains and aggravation of symptoms due to the shift in the kinematic chain.

***Treatment Consent:***

I consent to physical therapy treatment using Matrix Repatterning. I understand I am financially responsible for all charges incurred while receiving treatment. Nutritional suggestions may be made along with nutritional supplements. I understand that a profit is made from nutritional supplements and they are by no means intended to cure any medical conditions. I acknowledge any evidence of causing harm to myself will be reported and child or elder abuse will be reported. If I have a grievance with FAPT I agree to resolve this matter through arbitration and agree to pay for this service. I will give a 24 hour cancellation notice for my appointments. If I am unable to do so, I understand I will be charged a \$50 for cancellation. If reports are requested for professional services, there will be a \$50 charge for each report.

I have read and understand the above and all the information I have provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_