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### Patient Consultation Agreement

**Purpose:** This patient consultation program serves to answer general questions related to pelvic floor physical therapy such as evaluation and treatment of diagnoses related to the pelvic floor in both men and women.

1. The patient is encouraged to ask questions regarding general evaluation and treatment of pelvic floor physical therapy.
2. The patient is encouraged to review cases, articles and books and ask the opinion of the physical therapist.
3. Physical Therapists in the State of Texas cannot give specific information to a patient about their healthcare without a prescription and an evaluation. All information will be a general recommendation for the patient to consider and discuss with their physician. Any patient questions or concerns should be directed to the patient's physician.
4. The physical therapist will recommend websites, books and articles for the patient to reference, but all healthcare treatment concerns should be discussed by the patient with the patient's physician.
5. The physical therapist will record all communication via email and phone. Audio or video recording of the communication is not permitted.
6. The fee for patient consultation with physical therapist at Sullivan Physical Therapy is \$33.00/15 minutes. Thus:
  - 0 - 15 minutes = \$33
  - 16 -30 minutes = \$66
  - 31 - 45 minutes = \$99
  - 46 - 60 minutes = \$132
7. Only one patient on the phone at once. Payment is due one week from the date of bill.

I agree to the above terms. I understand that a phone consultation does not take the place of a formal evaluation or treatment plan by a physician or physical therapist. In addition, I understand that this is the opinion of one physical therapist and I should use my own judgment with my healthcare plan. I understand that Sullivan Physical Therapy is not responsible for my healthcare and the physical therapists from the Sullivan Physical Therapy assume no responsibility or liability for any action taken by me during my patient care. In addition, I understand that Sullivan Physical Therapy is not responsible for my translations or interpretations of content discussed during my phone consultation. I understand at any time the employees of Sullivan Physical Therapy can stop this agreement.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Phone Number