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**INFORMED CONSENT TO PHYSICAL THERAPY TREATMENT**

I hereby request and consent to the performance of physical assessment and treatment on me by the Physical Therapists.

I have had the opportunity to discuss with the Physical Therapist the nature and purpose of the physical therapy treatment and other procedures. I understand that results are not guaranteed. I further understand and informed that, as in all health care, in the practice of physical therapy there are some risks to treatment, including, but not limited to: muscle strains, /sprains, disc injuries and strokes. I do not expect the Physical Therapist to be able to anticipate and explain all risks and complication and I wish to rely on the Physical Therapist to exercise judgment during the course of the procedures which the Physical Therapist feels at the time, based upon the facts then known, are in my best interest.

I have read the above consent. I have had the opportunity to ask questions about its content, and by signing below I agree to the above mentioned Physical Therapist procedures.

I intend this consent form to cover my current and future treatments. I understand that I have the right to withdraw my consent at any time.

Patient's Name: \_\_\_\_\_

Patient's (or parent/guardian) signature: \_\_\_\_\_

Date: \_\_\_\_\_