

Physical Therapy Treatment Consent Form

Patient Information

Full Name

Date of Birth

Phone Number

Address

Treatment Information

Description of Treatment

Consent

☐

I have read and understand the above information regarding physical therapy treatment.

☐

I have had the opportunity to ask questions and all questions have been answered.

☐

I voluntarily consent to physical therapy treatment and understand that I can withdraw my consent at any time.

Patient Signature

Date

Therapist Signature

Date

