Physical Therapy Telehealth Consent Form

This form is intended to obtain your consent for receiving physical therapy services via telehealth.

1. Telehealth Explanation
2. Possible Risks
• •
3. Potential Benefits
• •
4. Confidentiality
5. Rights
•
Consent
I have read and understand the information above and consent to receive physical therapy services via telehealth.
Patient Name
Date
Signature