

Physical Therapy Treatment Consent

Patient Name:

Date of Birth:

Consent Statement

I hereby consent to participate in physical therapy assessment and treatment provided by the licensed therapists at this facility. I understand that my treatment plan will be explained to me and that I may ask questions at any time.

I acknowledge that the anticipated benefits, potential risks, and possible alternatives to the recommended physical therapy have been explained to me. I also understand that I may withdraw my consent and discontinue treatment at any time.

Additional Notes:

Patient Signature

Date

Parent/Guardian Signature (if applicable)

Date

Therapist Signature

Date