



### **Consent Regarding Physical Therapy Evaluation and Treatment**

By signing this, I hereby consent to the rendering of a physical therapy evaluation and treatment as deemed appropriate by the treating therapist. I have the right to decline treatment at any time. Your therapist will explain your physical therapy diagnosis and discuss treatment recommendations with you. We strive to provide the highest quality care with minimal discomfort, however, some conditions require “pushing into pain” and we will do our best to make you as comfortable as possible afterwards through the use of pain management modalities. Physical therapy as any other type of medical care is most effective if you participate according to the plan of treatment agreed upon with your therapist. If at any time you have questions concerning the type of services delivered or how your services are rendered, please talk with your therapist. Remember, we are here to provide you with the best care available in order to improve your quality of life through physical therapy. If you agree, please check all (otherwise discuss with front office):

- I authorize the release of all necessary information to my primary care provide and/or referring physician.
- I authorize payment benefits directly to the provider
- I authorize the release of my medical information to \_\_\_\_\_ in regards to my care and/or status.
- I have read this form and agree to be financially responsible for all fees regardless of insurance coverage.
- I have read this form and agree to all consent regarding physical therapy treatment and assessment.

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