

# CONSENT TO PHYSICAL THERAPY TREATMENT

What you are being asked to sign is a confirmation that we discussed the nature and purpose of your physical therapy/occupational therapy and that we have answered your questions in a satisfactory manner. Please read this form carefully and be sure to ask about anything that you do not understand. We will be pleased to explain.

I authorize and direct Crescent City Physical Therapy/Occupational Performance Center, with licensed physical therapist, occupational therapist, licensed physical therapist assistants, certified occupational therapist assistants, and technicians to provide treatment in accordance with my diagnosis and referral. My physical therapy/occupational therapy problems, goals and treatment plan have been discussed with me by my therapist and I have had the opportunity to ask questions regarding my therapy treatment.

The details of these therapy services have been explained to me and I understand their nature and purpose, risks associated with therapy and additional risks due to my present condition.

I have read and understand this Consent, and I have been given an adequate opportunity to ask questions I have about my treatment. Further, all of my questions about my treatment have been answered in a satisfactory manner.

This Consent for treatment is valid until revoked by me in writing.

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Patient

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Therapist

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Date

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Date