



Margaret Levett, P.T.
Physical Therapist

INFORMED CONSENT TO PHYSICAL THERAPY TREATMENT

I hereby consent to examination by my Physical Therapist, which may involve removal of some clothing articles, palpation (manual examination) of body part(s) and close observation of body part(s).

I hereby consent to treatment by my Physical Therapist, within their scope of practice. I understand that treatment will be discussed with me prior to its application and that at any time I have the right to refuse treatment. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge that my Physical Therapist must be fully aware of my existing medical conditions. I have completed my medical history form and have disclosed to my Physical Therapist all of the medical condition affecting me. It is my responsibility to update my Physical Therapist on my medical history.

I authorize my Physical Therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party payers.

I have read the above noted consent. By signing this form, I consent to treatment that has been discussed with me by my Physical Therapist. I understand that any time I may withdraw my consent and treatment will be stopped.

Name

Signature of Patient/Guardian

Witness

Date