



### CONSENT FOR THERAPY TREATMENT

**As a patient receiving therapy services, you have the right to be informed about your condition and the recommended therapy treatment and procedures to be used. You are provided with this information so that you can make an informed decision after being made aware of the potential risks and benefits of receiving therapy.**

**Generally, therapy involves the performance of a physical exam in order to determine how to treat your condition. This initial physical exam may include a number of different procedures and tests to help us determine how to treat your condition. As with any medical treatment, there are risks and benefits associated with therapy. These risks include, but are not limited to, the potential that your symptoms may increase or you may experience new symptoms following the performance of certain procedures, tests, or treatments.**

**You are aware that a patient's response to therapy may vary significantly from one patient to another and acknowledge that there are no guarantees or assurances, and none have been made to you, that therapy treatment will help your condition or that you will achieve any specific result.**

**You have the right to ask, and you should ask, your therapist any questions that you have regarding the type of treatment that he or she is planning and the potential risks and benefits of such specific treatment. You have the right to refuse any treatment at any time for any reason.**

**By signing below, you acknowledge that you understand the results of your therapy evaluation, the short and long term goals, and the treatment plan and you hereby consent to the therapy treatments that are deemed advisable by your therapist and/or referring physician. You acknowledge that your treatment program has been explained to you and you have had the opportunity to ask any and all questions that you desire and have had your questions answered to your satisfaction. You agree to cooperate with your therapist in an attempt to achieve the goals established for your treatment. Additionally, you understand the risks associated with therapy as set forth herein and outlined by your therapist, and you wish to proceed with therapy. You agree that you are signing this consent form knowingly and voluntarily.**

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Patient/Legal Guardian

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

Therapist initials \_\_\_\_\_