

Medical Waiver Form Sample for Physical Therapy

A **medical waiver form** sample for physical therapy ensures that patients acknowledge potential risks associated with treatment. This document helps protect healthcare providers by obtaining informed consent prior to therapy sessions. Properly completed waivers contribute to a safe and transparent therapeutic environment.

Patient Information

Full Name:

Date of Birth:

Contact Number:

Emergency Contact

Name:

Phone Number:

Medical Waiver and Consent

I understand that physical therapy may involve exercises, manual therapy, and equipment, and that there may be risks of injury or complications. I acknowledge that **[Clinic Name]** has explained the nature and purpose of the recommended therapy, and I have had the opportunity to ask questions. I hereby waive and release **[Clinic Name]**, its employees, and agents from any and all liability for injuries or complications that may arise during or after my treatment, except in cases of gross negligence.

☐ I have read and understand the information above and consent to participate in physical therapy.

Signature:

Date:

Submit