

Physical Therapy Consent to Treat Form

The **physical therapy consent to treat form sample** is a crucial document ensuring that patients understand and agree to the proposed treatment plan. It outlines the rights, responsibilities, and potential risks involved, fostering transparent communication between therapists and patients. Utilizing this form helps protect both parties and promotes informed decision-making throughout the therapy process.

Patient Information

Full Name:

Date of Birth:

Phone Number:

Address:

Treatment Consent

I hereby authorize Physical Therapist Name to provide physical therapy services and treatments as deemed necessary. I understand that:

- The therapist will explain the purpose, benefits, and potential risks of all procedures.
- I may ask questions regarding any aspect of my treatment at any time.
- Participation in treatment is voluntary and I may withdraw my consent at any time.
- There are potential risks and expected benefits associated with physical therapy.
- All procedures will be conducted with my safety and well-being as a priority.

I have read and understand the information above. All my questions have been answered.

Patient Signature:

Date:

Therapist Signature:

Date:

Submit