

GENERAL REQUEST FOR AND CONSENT TO EVALUATION AND TREATMENT

Section A

1. I, (print patient name) _____, acknowledge and understand that _____, (“Therapist”) will explain to me that I am or may be suffering from _____,
2. I further acknowledge that the purpose of the care, reasonable alternative forms of therapy, risks of the recommended and alternative care and the risks of foregoing this care have been fully explained or will be fully explained to and understood by me.
3. I also acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcome of any therapy.
4. I may be asked to disrobe and to use a gown. I understand that I may refuse to do this.
5. I understand that the therapist will be touching my involved body areas and determining the most appropriate treatment for my condition.
6. I understand that the therapist may refuse to treat me today or any visit for reasons including, but not limited to, the influence of any drug/alcohol substances or any potentially dangerous medical problems.
7. I have read the above and I certify that I understand the information above to my satisfaction. By signing below, I am requesting and consenting to therapy care, to be performed by the Therapist and his/her assistants.

Patient’s Signature

Date

DSPTC Representative

Date

Section B

(For Parent/Guardian or Representative only)

Where this General Request For and Consent to Treatment is executed by the Patient’s Representative, such Representative certifies to DSPTC that:

- (1) Representative is authorized to execute this Consent on behalf of Patient;
- (2) Representative has read the Consent and understands the information above; and
- (3) Representative has discussed with the patient the information above and patient understands and agrees also.

Representative Signature

Date

Section C

(For Therapist only)

THERAPIST PLAN OF CARE

I am recommending the following therapy care:

Pain/edema reducing modalities
Progressive therapeutic exercise
Gait/Balance training
Scar massage

Joint/soft tissue mobilization
Aquatic therapy
Home exercise program (HEP)
Other _____

The terms above are hereby accepted, approved and agreed to.

Therapist Signature

Date