



WILDERMAN PHYSICAL THERAPY, LLC

Consent For Physical Therapy Evaluation and Treatment

I, _____, consent to receiving physical therapy evaluation and treatment. You are an important partner in your health care decisions and play an active role in the outcome of your medical care. Thus, it is important that you are informed about benefits, risks, evaluations, and decisions related to your care while being seen in this office. If you have questions, symptoms, or problems related to your care it is your responsibility to notify your physical therapist and consult with your primary care physician as necessary. By signing below, I agree to be treated by Wilderman Physical Therapy, LLC, knowing there may be potential risks along with benefits and I am willing to be an active participant in my own care.

I understand that my health information may include information both created and received by the clinic, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examination, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health related information. By signing below, I agree to consent to treatment and agree that I have been informed about this privacy practice and my protected health information and how to obtain a personal copy of this form and privacy policy.

Signature: _____ Date: _____

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