



604 Corporate Dr W
Langhorne, PA 19047
(215) 490-0000

CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to evaluation and/or treatment of my condition by Amy Morris, licensed physical therapist.

The physical therapist has fully explained to me the nature and purposes of the procedures, evaluation and course of treatment, and has witnessed my signature of this consent in his/her presence.

The physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving no treatment.

The physical therapist has explained that there is no guarantee that the proposed course of treatment will improve my condition and that is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition. I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Patient/relative or guardian _____ / _____
Signature (Print Name)

Date _____
(Relationship, if signed by person other than client)

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed evaluation and treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Physical therapist _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

I acknowledge that I have received Notice of Privacy Practices for protected health information.

Date: _____ Name of Patient: _____
Print Name

Signature of Patient/Personal Representative