



Consent to Treatment

I am aware of my diagnosis and voluntarily consent to have Physical Therapy Direct, through its appropriate personnel, provide evaluation and/or treatment as prescribed by my physician and/or recommended by my therapist. I understand the practice of physical therapy is not an exact science, and I acknowledge that no guarantees have been given to me regarding the successful completion or the results of the treatment provided. I understand that the treatment I receive from Physical Therapy Direct is limited to physical therapy services and that I shall seek treatment from other medical professionals for all other issues I may experience. I understand that I have the right to ask questions at any time during my course of care.

Patient/Guardian Signature

Date