



Informed Consent for Physical Therapy Treatments

- I understand the Physical Therapist is providing services within the scope of practice per the Texas Physical Therapy Board of Examiners.
- I hereby consent for my therapist to conduct assessments, examinations and techniques per the therapist's recommendation.
- I understand that the therapist is not a physician and does not diagnose illness, disease, physical or mental disorder. I clearly acknowledge that physical therapy is not equivalent to a medical examination. I will discuss with my personal physician for ailments I may be experiencing. I understand no guarantee has been provided to me as the results of the treatment. I acknowledge with any treatment there can be risks and those risks have been explained to me and I assume such risks.
- I acknowledge and understand the therapists are fully aware of my existing medical conditions. I completed my medical history form provided by the therapist to the best of my knowledge and fully disclosed all existing medical conditions. It is my responsibility to keep the therapist updated and informed of my medical history. The information provided is true and complete to the best of my knowledge.
- I authorize the therapist to release or obtain information pertaining my condition(s) and/or treatments to/from my other caregivers or third party payers.
- I have read and understand the above noted consent and have received the opportunity to question the contents and my therapist. By signing this form, I confirm my consent for treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist to deal with my physical condition and for which I have sought treatment. I acknowledge that at any time I may withdraw my consent and treatment will be stopped.

Patient Name _____ Signature of Patient/Guardian _____

Witness _____ Date Signed _____