

Beeville Physical Therapy, PLLC

Informed Treatment Consent

I, _____, am consenting to treatment and will be informed regarding the findings of my physical therapy evaluation, an explanation of the proposed or recommended treatment procedures, the prognosis if the recommended treatment is employed, the risk and the benefits of the recommended treatment, reasonable alternatives to the prognosis if no treatment is done, give my written consent to services and the continuation of treatment for the duration of the prescribed treatment.

Patient's Signature

Guardian's Signature

Date

Consent for Treatment of a Minor

(If Applicable)

Patient: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

I do hereby authorize medical examination and treatment from Beeville Physical Therapy, PLLC for the above named minor patient.

Notice of Privacy Practices

This is to confirm that the "Notice of Privacy Practices" was presented to the above named patient.

Signature of Patient

Signature of Guardian