

CONSENT TO TREATMENT

Thank you for choosing Pitman Creek Physical Therapy as your provider for your rehabilitation. We appreciate the opportunity to serve you. Our MISSION is to provide you with the highest quality service and health care, and to make your rehabilitation comfortable and pleasant. In the event that you are not satisfied that you are receiving prompt, courteous, competent, and caring treatment from any of our office, auxiliary or professional staff, please notify the receptionist. If, at any time, you have any questions about your physical condition or recommended treatments, please ask your Therapist.

I understand the course of my physical therapy (which will be further explained by the physical therapist) can include various forms of heat or cold, therapeutic, electrical current, ultrasound, manual treatments including joint mobilization and soft tissue mobilization, and directed exercises.

I wish to receive physical therapy treatments and understand that my rehabilitation is dependent upon my active involvement in my therapy program.

Signature of Patient: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____