

Informed Consent to Assessment and Treatment

I hereby request and consent to the performance of a physical assessment and treatment by **Paul Brown, Registered Physical Therapist**. My consent is voluntary and I intend this consent form to cover the entire course of assessment and treatment for my present condition, commencing on the date indicated below.

I understand that I may ask questions at any time regarding:

- What the assessment/ treatment is
- Who will be performing the assessment/ treatment
- The reasons why I should have the assessment/ treatment
- What might happen if I do not have assessment/ treatment
- What potential risks and/or side effects exist for the proposed assessment/ treatment

I understand that this consent may be withdrawn verbally or in writing at any time, except for actions already taken.

Patient's Signature: _____ **Date:** _____

Patient Name (please print): _____

Consent to Disclose Personal Health Information

I hereby grant permission to **Paul Brown, PT**, to correspond with my physician or other health care professionals in charge of my care to obtain or exchange information relative to my treatment. I realize that any information so obtained will be held in strict confidence.

Patient's Signature: _____ **Date:** _____

Patient Name (please print): _____