

# *ERA Physical Therapy*

## **Informed Consent for Treatment**



By my signature, which appears below, I hereby grant my permission for and request that I be evaluated, and treated by the physical and/or occupational therapist(s) according to the plan of care developed by the physical and/or occupational therapist and prescribed by my physician in consultation with the therapist(s).

I understand that the purpose of this program is to enhance my recovery from an illness, injury or surgery. It has been explained to me that there exists the likelihood of changes in the treatment program as my condition changes and I hereby grant my permission for all modifications and changes to the treatment program deemed necessary by the therapist(s).

The procedures and or modalities to be used have been explained to me and I have had the opportunity to ask any questions I had, and acknowledge that I have received answers that are satisfactory to me. I understand that the success of this, or any other medical treatment program depends on my involvement and cooperation with the program including regular attendance at all treatment sessions and conscientious follow through with any home exercises or procedures which may be prescribed by the therapist(s). I understand what is expected of me as a patient and agree to cooperate to the best of my ability.

I hereby attest that I have read and agreed to all statements made above and that my participation in this physical and or/ occupational therapy treatment program is fully voluntary.

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Signature of Patient

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Witness

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