



PHYSICAL THERAPY CONSULTATION CONSENT FORM

DATE _____

NAME _____ PHONE _____

ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

REFERRED BY _____

I, _____ hereby request and consent to the consultation for the following physical concern: _____; and hereby consent to the performance of specific testing and therapeutic procedures as deemed necessary and as performed by a physical therapist and/or an athletic trainer at Sports Conditioning and Rehabilitation of California, Inc. and their associates for the aforementioned problem. I understand, and am informed that, while extremely rare, there are some risks associated with testing procedures and therapeutic intervention. I understand that the purpose of the testing and therapeutic procedures will be explained to me prior to receiving treatment and that I may refuse any therapeutic procedure or treatment at any time.

I hereby acknowledge that I am a willing participant in this consultation; and understand and agree to the information presented above.

Participant Signature _____ DATE _____

Signature of parent/guardian if participant is under 18 years old DATE _____