

# Mid- County Physical Therapy

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## Consent Regarding Physical Therapy Evaluation and Treatment

Your therapist will explain your physical therapy diagnosis and discuss treatment recommendations with you. We strive to provide the highest quality care and minimal discomfort. However, some conditions require “pushing the pain” and we will do our best to make you as comfortable as possible afterwards through the use of pain management modalities.

Physical therapy as any other type of medical care is most effective if you participate according to the plan of treatment agreed upon with your therapist. If at any time you have questions concerning the type of service delivered or how your services are rendered, please talk with your therapist. Remember, we are here to provide you with the best care available in order to improve your quality of life through physical therapy.

By signing this, I hereby consent to the rendering of a physical therapy evaluation and treatment as deemed appropriate by the treating therapist. I am aware that I have the right to decline treatment at any time.



**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_