



Consent to Treat

I _____ hereby request and consent to Peak Form LLC
(Print Name)

to perform rehabilitative treatment and care as prescribed by my physician and/or recommended by my physical therapist.

I understand and am informed that, as in the practice of medicine, physical therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my condition, prior to treatment.

I authorize the physical therapist to perform any additional or different treatment, which is deemed necessary should, during treatment, a condition be discovered which was not know previously.

I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss my condition with the treating physical therapist.

I consent and authorize Peak Form LLC (including students in training) to administer treatment under the direction and supervision of the physical therapist.

Signature of Patient

Date

Signature of Parent/Legal Guardian (to minor)

Relationship to Patient