

PATIENT CONSENT FOR TREATMENT

The treatment plan and goals were presented and discussed with me. The risk, associated with the proposed treatment as well as alternatives to the proposed treatment were presented and explained to me. It is my responsibility to keep my scheduled appointments in order to receive optimal benefits from my therapy. My signature verifies my understanding and consent for treatment of my condition by Kinetic Chain Physical Therapy.

Patient's signature: _____ Date: _____

Therapist's signature: _____ Date: _____