



INFORMED CONSENT DOCUMENT

I affirm that I explained to _____
(patient's name)

on _____, 201__ the following:

Diagnosis, benefits of treatment, type of treatment, prognosis, inherent risks, reasonable alternatives, risks of refusing treatment, and the possibility of future changes in the plan of care. The patient has agreed to Physical Therapy Treatment by The Physical Therapy Institute.

The patient's questions were all answered and I received informed consent for the stated plan of care and for future changes in the plan of care providing that I continue to explain the above information.

Patient's Signature _____

Therapist's Signature _____