



Physical Therapy / Occupational Therapy Informed Consent

I voluntarily consent to treatment / services that are deemed necessary by my physical / occupational therapist. I understand that it is this clinic's sincere intent to educate me on every process during my treatment program with eventual discharge from our services. I understand that "hands-on" manual or exercise techniques may be used to retrain, recruit and restore improved postural alignment with treatment, and that if I do not completely understand the process of my treatment, it is my responsibility to obtain a clearer understanding of what the therapist's objectives and outcomes are, and how she / he is trying to achieve them. I also realize that no guarantees have been made to me as to the results of these services at Dakota Rehabilitation Center.

This consent shall be ongoing for a period not to exceed one year.

I _____ have read this form and fully understand and accept its terms and conditions.

Patient or person authorized to consent for patient / relationship

Date

Reason patient was unable to consent

Witness Signature