



HANDS ON PHYSICAL THERAPY

EDIE REBA MURPHY PT

373 HANOVER AVE OAKLAND, CA 94606 | (510) 451-5560 | INFO@HANDSONPT.COM

CONSENT FOR TREATMENT FORM

Patient's Name _____

Please print

Please read all items below and read and sign at the bottom of the form.

I UNDERSTAND MY TREATMENT MAY INCLUDE ANY OR ALL OF THE FOLLOWING:

- Therapeutic exercise, including home exercise instruction and exercise during treatment sessions.
- Manual therapy as derived from physical therapy, osteopathic and Aston Patterning professional sources.
- Lymphatic drainage therapy.
- Neuromuscular re-education.
- Modalities such as ultrasound, cold laser therapy or electric stimulation.
- Ergonomic assessment as needed for work, home, fitness facility or vehicle.
- Instruction on body mechanics.
- Instruction on activities of daily living.

I have chosen to obtain physical therapy services at Hands On Physical Therapy, a business with a policy that payment is collected in full directly from the patient at the time of service. I understand that if I don't cancel an appointment by 8:00 AM on the prior business day, I will be responsible for the entire session fee. I understand that some of the above-listed services may or may not be covered by insurance. I have had the opportunity to read this form and to ask questions. My questions have been answered to my satisfaction. I give consent to any or all of the above listed types of treatment.

_____ Date _____

Signature of Patient