



Consent for Evaluation and Therapy

Name: _____

I hereby consent to physical therapy evaluation and treatment for my condition. Evaluation and treatment may include general and specialized evaluation of my musculoskeletal, neurological, and sensory systems. I understand that the examination and treatment may include the following:

- General medical history
- Vestibular and balance testing
- Observation of walking and other functional movements
- Testing and treatment of muscular strength, and range of movement of trunk and limbs
- Evaluation and treatment of balance in standing
- Evaluation of sensitivity to movements and positions
- Exercises with and without equipment
- Photographic or video documentation of my findings
- Training in a home exercise program

I understand that my medical information, including photographs or video tapes, will be handled confidentially and that my identity will remain anonymous in any presentation of case materials.

I have the right to ask questions in regard to the purposes and risks of the examination, diagnostic studies and treatment.

I understand that this consent remains in effect for all subsequent visits to In Harmony Physical Therapy, and applies to all health care professionals in the group.

Signed: _____ Date: _____
(patient or person legally authorized to consent on patient's behalf)