



CONSENT FOR TREATMENT

I understand that I have been referred for Physical Therapy treatment and rehabilitation to Back In Action of Scottsdale. My physical therapist at Back In Action of Scottsdale has described to me my individual treatment plan. I understand that I have the right to ask and have answered any questions prior to receiving any treatment, including risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. I also understand that I have the right to refuse any treatment prescribed by my physician or recommended by my therapist.

By signing this agreement, I consent to have Back In Action of Scottsdale provide treatment and care as prescribed by my physician and/or recommended by my therapist.

Please sign and fax to 480-513-4867, or bring with you to your visit.

Patient/Guardian Signature: _____ Date: _____

Physical Therapist Signature: _____ Date: _____