

Patient Consent Form

Please read all of the following before signing:

I hereby indicate my wish to be a participant in the rehabilitation program.

I understand that the purpose of this program is to enhance my recovery from an illness or injury. I have been informed of the procedures and methods of treatment that will be administered and I fully understand what is required of me as a patient. I further understand that there exists the possibility that changes may occur with my treatment plan.

I verify that my participation is voluntary, no coercion of any sort has been used to obtain my participation, and I may withdraw at any time.

In the event that I am unable to make sound medical decisions for myself, my guardian/POA may sign on my behalf.

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____