

Celebration Pediatric Physical Therapy

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CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT

I hereby consent to evaluation and/or treatment of my SON/DAUGHTER

_____ condition by licensed physical therapist self-

First and Last Name

employed at ORLANDO PEDIATRIC TRAINING CENTER, LLC DBA CELEBRATION PEDIATRIC PHYSICAL THERAPY. The physical therapist has fully explained to me the nature and purposes of the procedures, evaluation, therapeutic equipment utilized, and course of treatment, and has witness my signature of this consent in his or her presence. The physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving no treatment.

The physical therapist has explained that there is not guarantee that the proposed course of treatment will improve my SON/DAUGHTER condition and that is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my SON/DAUGHTER condition. I have been given on opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Patient or guardian _____ / _____
Signature Print Name

Date _____

Relationship, if signed by person other than client _____

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed evaluation and treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Physical Therapist _____ Date _____