



Harmony Lymph & Pelvic Physical Therapy

2959 West Midway Road, Drawdy Professional Park.
Fort Pierce, Florida 34981

CONSENT TO TREAT FORM

I" _____ " give my consent to receive physical therapy treatment here at "Harmony Lymph & Pelvic Physical Therapy. I was educated and informed on my options for treatment. I agree to the physical therapy goals and plan of care. I am aware that it is my duty to inform the therapist of my tolerance to pain and exercise during treatment so it can be modified. I will do my part and follow my physical therapist instructions regarding home management of symptoms and home ex program. I will notify my therapist and primary physician of any change in status or of any adverse reactions in a timely mater.

My physical therapy goals

Pain: _____

Function: _____

Patient signature

date

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