

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Physical Therapy Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]

Dear [Physical Therapist's Name or Clinic Administrator],

Subject: Patient Consent for Physical Therapy

I, [Patient's Name], hereby give my consent to participate in physical therapy treatments at [Clinic Name]. I understand that my therapist will perform an evaluation and create a treatment plan tailored to my needs. I acknowledge that the purpose of physical therapy is to improve my functional abilities and manage pain, and I have been informed of the treatment procedures and potential risks involved.

I also understand that I have the right to ask questions and withdraw my consent at any time.

By signing below, I confirm that I have read this letter and understand its content.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you,

[Patient's Name]