



# COASTAL INTEGRATIVE HEALTH

*One Patient, Multiple Solutions*

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## **Physical Therapy Consent Form**

I hereby request and consent to the rendering of a physical therapy evaluation and treatment as deemed appropriate by the treating therapist. I have the right to decline treatment at any time. Your therapist will explain your physical therapy diagnosis and discuss treatment recommendations with you. Physical therapy as any other type of medical care is most effective if you participate according to the plan of treatment agreed upon with your therapist. If at any time you have questions concerning the type of services delivered or how your services are rendered, please talk with your therapist. Remember, we are here to provide you with the best care available in order to improve the quality of life through physical therapy.

I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below, acknowledge my understanding of its contents.

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

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Relationship or authority if not signed by patient