



Consent and Financial Obligation

Patient Name _____

Consent for Treatment

To The Patient:

You have the right, as a patient, to be informed about your condition and the recommended intervention or diagnostic procedure to be used so that you may make the decision whether or not to undergo physiotherapy.

I voluntarily request Dr. Ruth Maher, MISCP, PT, MPT, DPT, BS and such other physiotherapists as may be deemed necessary to treat my condition.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

Patient Signature _____ Date _____

Financial Obligations

I have been informed that all fees are payable at the time of treatment. I agree to pay at each visit any balance accruing from such services.

Patient Signature _____ Date _____