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CONSENT FOR TREATMENT

CONSENT FOR CARE & TREATMENT: Your Physical Therapist will complete an evaluation by examination and interview. Your individual treatment program will then be designed. A variety of treatment techniques may be used. I the undersigned do hereby agree and give my consent for **iMotion Physical Therapy, Inc.** to furnish physical therapy care and treatment considered necessary and proper in evaluating or treating my physical condition. I also understand that because of the nature of physical therapy I may be sore up to 72 hours.

CONSENT FOR TREATMENT OF A MINOR: As parent and/or legal guardian, I authorize **iMotion Physical Therapy, Inc.** to treat the minor patient named in the attached forms while I am not present.

PATIENT NAME: _____

PATIENT/ GUARDIAN SIGNATURE: _____

DATE: _____