

PATIENT CONSENT FORM

I hereby indicate my wish to be a participant in the rehabilitation program offered by:

I understand that the purpose of this program is to enhance my recovery from an injury or illness.
I further understand that there exists the possibility that certain changes may occur during my treatment.

I have been informed of the procedures and methods of treatment that will be administered to my
_____, and I fully understand what is required for me as a patient.

I verify that my participation is fully voluntary, no coercion of any sort has been used to obtain my
participation, and I may withdraw from treatment at any time.

I understand that the facility administrator maintains an open door policy and encourages patients to
participate or any reason.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____