



Keeps You Moving

Taag Rehab

I understand that I will be given the opportunity to discuss the nature and purpose of any treatment with the Physiotherapist prior to the performance of the treatment.

I hereby request and consent to the assessment and performance of physiotherapy adjustments and other procedures, including various modes of physical therapy. I understand that the results of any treatment are not guaranteed.

I, the undersigned, hereby consent to the treatment plan decided upon by the attending physiotherapist who examined me, assessed my condition and explained the treatments prescribed to me.

Patient's Name

Patient's Signature

Date