

**RIDGEWOOD PHYSICAL THERAPY
and Rehabilitation Center**

Office policy

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 Ridgewood Physical Therapy and Rehabilitation Center Inc. to furnish physical therapy care and treatment considered necessary and proper in evaluating and treating my physical condition.

Patient Signature: _____ Date: _____

If minor (under age 18)

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR THE TREATMENT OF A MINOR:

As Parent and/or Legal Guardian of _____, I authorize Ridgewood Physical Therapy and Rehabilitation Center Inc. to treat the minor patient named above while I am either present or not present in the facility.

Parent/Guardian Signature: _____ Date: _____