

# JOYCE WILSON

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MASTER OF PHYSICAL THERAPY

## INFORMED CONSENT FOR PHYSICAL THERAPY SERVICES

JOYCE WILSON PT, LLC  
247 MANHATTAN DRIVE  
BOULDER, CO 80303  
303.929.5196

I voluntarily consent to and authorize evaluation and/or treatment deemed as appropriate by the physical therapist in his or her professional judgment.

I understand that it is my responsibility to inform the physical therapist of any preexisting injuries, conditions, medical allergies, or other health problems I have that may complicate and/or be relevant to the evaluation, course of treatment, and procedures implemented by the physical therapist.

The physical therapist has explained to me and/or I have had the opportunity to ask questions regarding the nature and purposes of the evaluation, procedures, and/or course of treatment to be implemented. I understand that therapeutic risks are an integral part of most physical therapy involved with physical therapy, and that there is no guarantee that the course of treatment determined by the physical therapist will improve my condition(s). During the course of treatment, I understand that it is my right to ask the physical therapist about the evaluation and/or treatment of my condition(s) and that I may decline any part of treatment at any time before or during treatment.

I confirm that I have read and fully understand this Informed Consent for Physical Therapy Services form. I acknowledge that my treatment program has been explained by Joyce Wilson, PT, LLC and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of physical therapy as outlined to me, and I wish to proceed.

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Patient Name

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Date

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Signature