

**Naveed physical Therapy and Health  
Consultation LLC.**

**Treatment Consent Form ("Informed Consent")**

I, \_\_\_\_\_ understand that I will be participating in private, one-on-one physical therapy, including a comprehensive evaluation and treatment incorporating hands-on treatment, manual passive stretching, spinal mobilization, spinal manipulation, kinesiotaping, modalities, and traditional research-based and conservative treatment techniques so that I can improve my strength, endurance, flexibility, balance, core strength, and overall health and wellness.

I understand that my physical therapist is licensed in the State of Indiana and is educated and highly-trained in the areas above.

By signing below, I am giving my consent to treatment ("informed consent"). And, I also consent for treatment to occur in my home, gym, workplace, hotel room, or other location previously agreed upon.

I have been instructed by my physical therapist to alert my therapist of any special needs, injuries, preferences, or considerations prior to starting the first visit evaluation and treatment, as these could affect my safety and security during the treatment process.

I understand that by signing below, I release this physical therapist of all liabilities for my health and safety during my participation in this treatment process.

I only provide this release with the understanding that my therapist is fully trained and upholds an active license to conduct physical therapy in the state of Indiana.

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_