



# PHYSICAL THERAPY FIRST

The intention of this physical therapy evaluation or gait analysis is to identify injuries and physical deficits prior to your participation in running events and sports conditioning activities. Our assessment, findings, and recommendations will be shared with you at the end of the exam.

## CONSENT FOR CARE AND TREATMENT

I the undersigned, having legal authority to do so, do hereby agree and give consent for Physical Therapy First to furnish medical care and treatment as considered necessary and proper in diagnosing or treating my/his/her condition. I agree to hold Physical Therapy First harmless from any and all liability except from those damages arising solely and directly from a negligent act on Physical Therapy First's part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (print) \_\_\_\_\_ DOB \_\_\_\_\_

E-Mail \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

## ACKNOWLEDGEMENT OF OFFER OF NOTICE OF PRIVACY PRACTICES \_\_\_\_\_

(Initials)

<http://www.physicaltherapyfirst.com/files/notice%20of%20hipaa%20privacy-practices.pdf>