

Bare Necessities Physical Therapy

A "Pain/Injury Evaluation" from Bare Necessities is a brief appraisal that will take up to 15 minutes.

Informed Consent

1. I _____ (your name) acknowledge and understand that Tony Bare DPT (Doctor of Physical Therapy, "therapist") located at 1694 Topaz, Dr, Loveland, CO 80537 (clinic) will perform an injury assessment.
2. I also recognize that the physical therapy pain/injury evaluation may involve the touching of the injured area by the therapist and that partial disrobing may be required to facilitate such care, of which is expressly consented by me. (You can refuse any and all requests or recommendations)
3. I have read the above and certify that I have had the opportunity to discuss the context s there in to my satisfaction. By signing below, I hereby consent to the physical therapy pain/injury evaluation by the therapist.

Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

Patient Name: _____

Age: _____ DOB: _____

Address: _____

Phone Number: _____

Cell: _____