



**Consent to Treatment or Observation
by Student Physical Therapists**

Balance Physical Therapy, Inc. participates in the training of physical therapy students from various colleges and universities in the United States. The students in training at Balance Physical Therapy, Inc. are students who have completed the academic portion of their physical therapy training and are now engaged in the clinical portion. All physical therapy students at Balance Physical Therapy, Inc. are supervised by a licensed physical therapist.

In addition, Balance Physical Therapy, Inc. is committed to providing community education about the field of physical therapy and may on occasion allow persons interested in potentially pursuing a career in physical therapy observe patient care.

You have the right to choose whether or not you want students involved in your care and/or prospective students observing your care. The treatment you receive at Balance Physical Therapy, Inc. will not be affected in any way by your decision.

- I consent to a student or a prospective student observing the care I receive from a licensed physical therapist and/or physical therapy treatment by a student physical therapist.
- I do not consent to be observed by a student or prospective student.
- I do not consent to be treated by a student physical therapist.

I understand that I have the right to change or revoke this consent at any time by completing an updated form.

Patient Name: _____

Patient Signature: _____

Date: _____