

Occupational Therapy Patient Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Consent to Treatment

I, the undersigned, hereby consent to receive occupational therapy services as recommended by my therapist.

Understanding of Treatment

I understand that occupational therapy is designed to help me achieve my goals and improve my quality of life.

Risks and Benefits

I acknowledge that I have been informed about the potential risks and benefits associated with occupational therapy.

Confidentiality

I understand that my personal information will be kept confidential and only shared with authorized personnel.

Withdrawal of Consent

I understand that I have the right to withdraw my consent at any time.

Signatures

Patient Signature: _____ Date: _____

Therapist Signature: _____ Date: _____