

Consent for Occupational Therapy Treatment

Date: _____

Dear [Therapist's Name],

I, [Patient's Name], hereby give my consent for occupational therapy treatment as recommended by my healthcare provider.

I understand that the purpose of occupational therapy is to help me improve my ability to perform daily activities and regain independence.

I acknowledge that I have been informed about the nature of the treatment, potential benefits, and possible risks involved.

By signing below, I confirm that I have had the opportunity to ask questions regarding the treatment, and I agree to proceed with the proposed occupational therapy treatment plan.

Patient's Signature: _____

Parent/Guardian Signature (if applicable): _____

Thank you for your attention.

Sincerely,

[Patient's Name]

[Contact Information]