



## CONSENT FOR CARE AND TREATMENT

I hereby authorize STAR Physical Therapy to evaluate and treat me as indicated by my referring physician and per the discretion of my physical therapist. I hold harmless STAR Physical Therapy, its officers, shareholders, and employees in the unlikely event that any injury or emotional distress occurs as a result of this treatment. This treatment is considered necessary and proper in diagnosing and/or treating my physical condition.

\_\_\_\_\_  
*Patient/Guardian Signature*

\_\_\_\_\_  
Date: