

CONSENT TO TREAT

Patient: _____

(Please print full name)

Date of Birth: _____

I hereby authorize TherapyWorks, Inc. to perform occupational, physical, speech and/or nutrition therapy evaluation, administer therapeutic treatment as recommended in the initial evaluation and provide clinical services as deemed necessary by TherapyWorks, Inc. I understand that I will receive an explanation in understandable terms of the therapy recommended for the above named person, including possible side effects associated with treatment.

RELEASE OF CONFIDENTIAL EVALUATION AND TREATMENT RECORDS TO AND FROM THERAPYWORKS, INC.

From TherapyWorks:

I hereby authorize TherapyWorks, Inc. to release photocopies of my medical records and/or health information to the following individual(s) or organization(s):

<u>Physician</u>	
Name: _____	Phone: _____
Address: _____	Fax: _____
<u>Specialist</u>	
Name: _____	Phone: _____
Address: _____	Fax: _____
<u>School</u>	
Name: _____	Phone: _____
Address: _____	Fax: _____
<u>Family Member</u>	
Name: _____	Phone: _____
Address: _____	Fax: _____

To TherapyWorks:

I, the undersigned, do hereby authorize the above sources to release medical, surgical and/or psychological reports from the patient's records. This information will be used for occupational, physical, speech and/or nutrition therapy evaluation and treatment. The information should be sent to:

TherapyWorks, Inc.
7608 East 91st Street • Tulsa, OK 74133
Phone: (918) 663-0606 • Fax: (918) 663-8754
E-mail: info@therapyworkstulsa.com
www.therapyworkstulsa.com

I understand that I may revoke this treatment consent or revise this release at any time by written request except to the extent that action has already been taken. I further release TherapyWorks, Inc. from the responsibility of any effect the release of my clinical medical records may have upon myself or others both now and in the future. I personally accept all responsibility for my own distribution and interpretation of medical information contained therein and hold TherapyWorks, Inc. blameless for conclusions or opinions drawn without professional knowledge, assistance or review.

Parent/Guardian Signature: _____ **Date:** _____

Print Parent/Guardian Name: _____