



Asheville Community Therapy Center
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Asheville NC 28804
Phone (828) 417-7085
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PHYSICAL THERAPY EVALUATION AND TREATMENT CONSENT

- **DESCRIPTION:** A comprehensive evaluation using one or more formal assessments to measure your child's gross motor skills across one or more areas (e.g., range of motion, strength, flexibility, balance, coordination, and endurance) and therapy as appropriate to address areas of documented need.
- **DURATION:** Pending consult with your therapy provider, estimated time frame 45-60 minutes
- **MEASURES:** Informal (professional observation, parent/teacher consultation, checklists) and/or formal assessment tools (standardized tests, criterion-referenced tests). Therapeutic interventions as outlined in plan of care.
- **OUTCOME:** A comprehensive evaluation report delivered electronically, with a detailed description of child's developmental background, health history, observations, assessment results, and clinical recommendations. Therapy sessions with adult parents/legal guardians/caregivers in session for direct observation, education/training, and provision of homework and/or carryover materials.

CONSENT FOR EVALUATION AND THERAPY:

I hereby consent for the physical therapist to evaluate and provide treatment for my child as indicated above.

FULL NAME OF CHILD

DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE

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