



12119 SE Stevens Ct. • Portland, OR 97266 • P 503.353.1278 • F 503.353.1273 • nwtherapy.net

CONSENT FOR TREATMENT

Patient's Name: _____ Date: _____

I hereby authorize the interdisciplinary team at Northwest Therapy to perform the treatment or procedures approved by my referring physician.

I acknowledge that no guarantees, either expressed or implied, have been made to me regarding the outcome of any treatments and/or procedures.

Northwest Primary Care Group, PC owns and operates Northwest Therapy. Alternative sources of physical and occupational treatments are available and we will be glad to provide you with names and addresses of other therapy providers upon request.

CANCELLATION FEE: If you are unable to make a scheduled appointment, please notify our office with at least a 24 hour notice. This will allow us to use your scheduled appointment time to service another patient, and you will not be billed. You may be billed individually \$35 personally for your appointment if you do not come to your appointment, or cancel with less than 24 hours notice.

ATTENDANCE POLICY: Consistently attending your appointments is important to the success of your therapy plan and improving your health. If you have 2 same day missed appointments or erratic/inconsistent attendance, you may be subject to discharge by your Physical Therapist, in addition to the Cancellation fee. In this event, your Practitioner and insurance provider will be notified, and any re-admission will require a new practitioner's prescription and payment of the Fees.

Authorized Signature

Date