



DR. REAMS
CONCIERGE PT LLC

I, _____ understand that I will be participating in private, one-on-one physical therapy, incorporating hands-on treatment, manual passive stretching, spinal mobilization, kinesiotaping, cupping, and traditional conservative treatment techniques so that I can improve my strength, endurance, flexibility, balance, core strength, and overall health and wellness.

I understand that my physical therapist is licensed in the State of Tennessee, and is educated and trained in the areas above.

By signing below, I am giving my consent to treatment ("informed consent"). And, I also consent for treatment to occur in my home, gym, workplace, hotel room, or other location previously agreed upon.

I have been instructed by my physical therapist to alert my therapist of any special needs, injuries, preferences, or considerations prior to starting the first visit evaluation and treatment, as these could affect my safety and security during the treatment process.

I understand that by signing below, I release this physical therapist of all liabilities for my health and safety during my participation in this treatment process.

Print Name: _____

Signature: _____

Date: