

Consent Form for Neuro-Musculo-Skeletal Evaluation and Treatment

I, _____, give my consent for Lizanne Pastore PT, MA, COMT to perform a neuro-musculo-skeletal examination for the purpose of evaluation and therapeutic treatment of my condition.

1. The purpose, procedure and risks of this procedure have been explained to me.
2. I understand that I can terminate the procedure at any time.
3. I understand that I am responsible for immediately telling the examiner if I am having any discomfort or unusual symptoms during the session.

I have read this consent form and understand its terms, and I am signing it knowingly and voluntarily.

Patient Signature _____ Date _____