

**University of Tennessee at Chattanooga
Physical Therapy Program**

Patient Consent for Examination and/or Intervention

I, _____, have volunteered to attend physical therapy session(s) at the University of Tennessee Physical Therapy Program and consent to

_____ Physical examination with faculty and/or students under the direct supervision of faculty.

_____ Intervention strategies/treatment plan with faculty and/or students under the direct supervision of faculty.

I recognize that the UTC faculty working with me, _____, is a licensed physical therapist in the state of Tennessee and will treat me within the law, rules and regulations, and code of ethics set forth by the Tennessee Occupational and Physical Therapy Board of Examiners.

I accept full responsibility for sharing complete and accurate information with the faculty with regard to my health and level of fitness.

I know that I am attending this session(s) voluntarily and may stop interaction/treatment at any time without penalty.

The UTC faculty/students will not charge me, my family, or insurance company for any services received as a part of my volunteerism.

Patient/Client Signature

Date

Parent/Guardian (if under 18 years of age)
Signature

Date

Faculty Signature

Date