

MOVHABILY PHYSIOTHERAPYSM LLP

CENTRE FOR NEUROLOGICAL PHYSIOTHERAPY AND REHABILITATION

www.movhablyphysiotherapy.com

CONSENT FORM

Please read this form carefully. By signing below, you confirm that you understand and agree to the treatment and rehabilitation plan.

1. Completion of Rehabilitation Sessions:

Your program consists of ____ assigned _____ rehabilitation sessions of ____ minutes each, to be completed between _____ and _____.

2. Adherence to the Plan of Care:

Regular attendance is essential. Missed sessions may affect recovery and treatment outcomes.

3. Treatment/Rehabilitation plan:

I understand that my treatment plan is individualized, based on the consultation and assessment findings, and may be modified as clinically necessary.

4. Payment and Refund Policy:

Payment for the rehabilitation program is **non-refundable**. Please ensure that payment for 10 sessions is made in advance to confirm your appointment slots.

5. Permission for Recordings:

Movhably PhysiotherapySM will make video or photographic recordings. These recordings may also be used for research and educational purposes.

6. Statement of Assurance:

I confirm that I have read, understood, and agree to the [Terms & Conditions](#) of MOVHABILY PHYSIOTHERAPYSM available on the official website.

I, _____, aged _____, Male/Female, agree to adhere to the prescribed _____ rehabilitation plan.

I acknowledge that failure to follow the TREATMENT PLAN may lead to complications, and Movhably PhysiotherapySM will not be responsible for any return of symptoms or worsening of my condition.

Patient Signature: _____ Mobile: _____

Caregiver Signature: _____ Date: _____