

# A&M Therapy, Inc.

where movement becomes a reality

## Physical Therapy/Occupational Therapy Consent Form

I, \_\_\_\_\_, give consent to A&M Therapy,  
Inc. to perform therapy to include:

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\*\*Please note if a patient's blood pressure exceeds 140/90 we will not be able to perform PT/OT,  
until you have received medical clearance.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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