



Limitless Living Solutions

Consent to Treat Form

The patient authorizes the Occupational Therapist to examine and treat the condition as she deems appropriate through the use of occupational therapy measures, and the patient gives the authorization for these procedures to be performed. The patient has the right to informed participation in decisions involving his/her health care. This shall be based on clear, concise explanation of his/her condition and of all proposed treatment procedures. All possible risks and/or side effects as well as the probability of success with such procedures shall be disclosed to the patient by his/her attending Occupational Therapist. The patient will not hold the Occupational Therapist responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis. The patient has the right to know who is responsible for authorizing and performing any and all treatment procedures. The patient shall not be subjected to any procedure without his/her voluntary, competent, and understanding consent or the consent of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed. The patient shall be advised if Limitless Living Solutions proposes to engage in or perform human experimentation, for the purpose of research, affecting his/her care. The patient has the right to refuse to participate in such research projects. After reading the above (or having it read to me), I hereby consent to receive occupational therapy consultative services from Limitless Living Solutions to begin on this date and terminating when determined by myself, my physician or my Occupational Therapist.

I have read (or have had read to me) the above information and understand the content.

Patient/Guardian Signature and Date

Limitless Living Solutions representative Signature and Date



Limitless Living Solutions

Please list an emergency contact, either inside or outside of the home:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____