

# ProCore Physical Therapy

Integrated Core Training for Orthopedic and Sports rehab

## PARENT/GUARDIAN INFORMATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

### Consent for Therapy

I here by give consent for physical therapy for \_\_\_\_\_  
According to the guidelines established by the referring physician and the physical therapist.

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

Relationship to patient: \_\_\_\_\_