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**Injury Evaluation Consent Form**

I, THE UNDERSIGNED, HEREBY CONSENT to an injury evaluation provided by a staff member of Body Renovation Physical Therapy, S.C. I understand that this is only an evaluation of my condition for the purpose of receiving a recommendation for possible follow-up medical attention. Actual physical therapy treatment and/or physician visits are not included in this free evaluation service. I will not hold Body Renovation Physical Therapy, S.C. or any of its treatment facilities liable for any exacerbation of symptoms during or after this injury evaluation. I understand that if I have any questions or if symptoms persist, change or worsen, I should contact a physician immediately.

\_\_\_\_\_  
Signature of patient/guardian

\_\_\_\_\_  
Date

(Guardian signature is required if patient is under 18 years of age)

PLEASE PRINT

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Brief description of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appt: \_\_\_\_\_