



Permission for One on One Wellness Education Sessions:

I have been informed by Riverside Outpatient Therapy that the one on one session may involve one or all of the following: education, screening, and triage techniques such as but not limited to: exercises, taping, and gentle hands-on techniques. This one on one education session is intended to review general strength, flexibility, and technique to make recommendations concerning wellness and to make initial recommendations regarding returning to functional activities or general activities.

This education session does not replace or supersede your routine health care provider. You may be advised to schedule follow-up medical care with you routine health care provider or other appropriate medical specialist as indicated to obtain further studies/evaluation that may be required.

I understand that as this is a wellness education session and no guarantee or assurance has been made, nor can be made by Riverside Health System as to the ultimate outcome of this session. By signing this agreement, I give permission to have Riverside Outpatient Therapy to provide educational feedback of the below named individual. I agree that I have read and understand the above.

Name of client (Please print)

Signature of the client or client's guardian

Name of guardian if applicable (Please print)

Date