



New patient packet **Consent for Services**

I authorize Full Potential Home Therapy, LLC to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Full Potential Home Therapy, LLC in writing. In addition, Full Potential Home Therapy, LLC may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Full Potential Home Therapy, LLC rendering evaluation and therapy services to the client named below.

Print Name of Client

Date

Client Date of Birth

Signature of Client or Legal Representative

Relationship to Client