

studio | helix

Physical therapy · Fitness · Movement arts

June 2, 2020 update

Informed Consent

Thank you for choosing Kate Faulkner Physical Therapy. Our goal is to provide the best care possible in service of your rehabilitation and well-being.

Please read the below and sign and date this form if you are in agreement.

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that:

- I have read Studio Helix's updated Policies and Procedures
- I am aware of the risks involved and give consent to receive treatment from Kate Faulkner, Physical Therapist

We truly value your business and trust during this time of COVID-19. We look forward to seeing you soon and are happy to address any questions or concerns as they arise.

Patient signature

Date