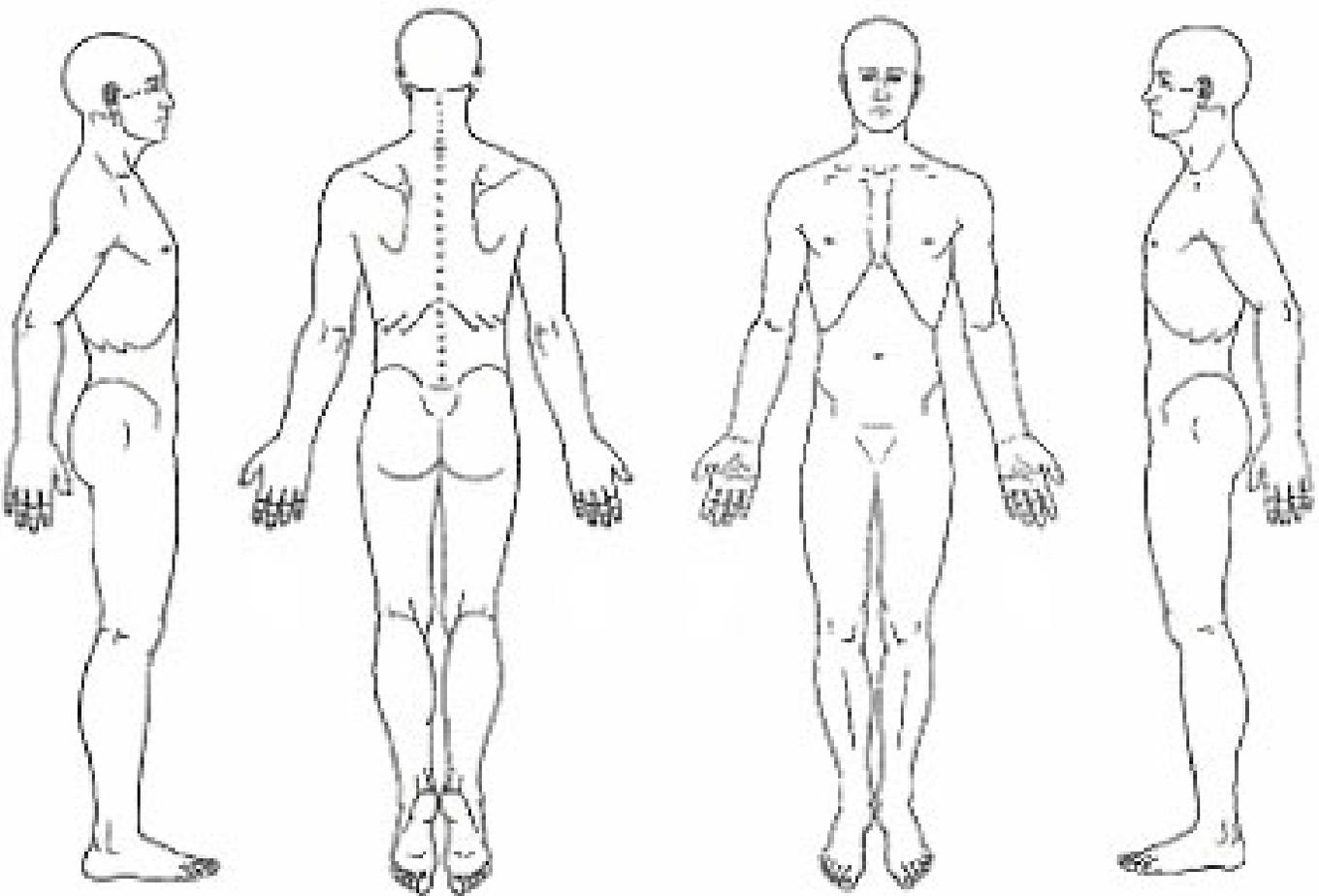




Core Therapy and Pilates
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512-215-4227, fax 512-215-4647
www.TherapyandPilates.com

Please indicate below where your symptoms are located. Please describe your symptoms beside the body diagram. (burning, aching, cramping, shooting, numbing, tingling, etc)



CONSENT TO TREATMENT

I understand that I have been referred to Core Therapy and Pilates for physical therapy treatment and care. I understand that I have the right to ask any questions and have any questions answered prior to receiving treatment. Questions may include risks or alternatives to the treatment plan prescribed for me. By signing this agreement, I consent to Core Therapy and Pilates providing treatment and care as prescribed by my physician and/or recommended by my therapist.

Signature _____

Date _____