



Consent to assessment, services, and release of information

CLIENT'S NAME: _____

DATE OF BIRTH: _____
Day/Month/Year

Occupational Therapy (OT) promotes functional independence for people who are dealing with the effects of disease, illness, injury, disability, or developmental delays. Through the use of meaningful activities, OT facilitates development of life skills and/or adaptation of the environment. An OT evaluation can last up to 6 hours.

Kinesiology studies the mechanics of human movement and how they impact our health and wellbeing. Kinesiology addresses physiological, biomechanical, and psychological dynamic principles and mechanisms of movement.

As an expert in food and nutrition, Nutritionists advise people how to live a more healthy lifestyle and achieve health-related goals. Nutritionists perform the following duties: Develop a diet and exercise plan for individual clients. Support clients through regular meetings.

An acupuncturist will examine the patient and assess their condition, insert one or more thin, sterile needles, and offer advice on self-care or other complementary therapies, such as Chinese herbs.

After an assessment, a discussion of findings and recommendations are given for which treatment options can be discussed.

Please fill out below to give consent.

I _____ hereby consent to an assessment with a clinician at Lisa's Holistic Rehab & Neurofeedback. I give him/her/them permission to complete an assessment on behalf of my third party payer _____ and to release his/her/their report to them. I



understand that information collected will be utilized to provide the third party payer with recommendations for the planning and delivery of health services and that the confidentiality of the information will be maintained.

I am aware that my third party payer will review the assessment and determine if I am eligible for funding of any of the recommendations identified. I also understand that when equipment is being prescribed that I have agreed to accept, I give consent for pertinent information to be given to an outside party (ie. Vendor, etc) so that I may be able to receive the prescribed equipment.

I also confirm that I have been informed and understand the nature of the referral and treatment process offered.

Client

Date