



INFORMED CONSENT TO SPEECH THERAPY EVALUATION AND TREATMENT

I hereby consent to evaluation and/or treatment of my condition by a licensed speech language pathologist of Longevity Brain and Body Wellness, LLC.

The speech language pathologist has fully explained to me the nature and purposes of the procedures, evaluation and course of treatment.

The speech language pathologist has informed me of expected benefits which may result from skilled speech therapy care. In addition, the speech language pathologist has explained to me the risks of receiving no treatment.

I should gain a greater knowledge about managing my condition and the resources available to me.

The speech language pathologist has explained that there is no guarantee that the proposed course of treatment will improve my condition.

For speech therapy treatment to be effective, I must come to scheduled appointments unless there are unusual circumstances. I understand and agree to cooperate with and perform the speech therapy program intended for me. If I have trouble with any part of my treatment program, I will discuss it with my therapist.

The term "informed consent" means that the potential risks, benefits, and alternatives of speech therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form. In the event of a change in medical status, I understand that my treatment may be modified, stopped, or referred out to the proper practitioner. I reserve the right to withdraw at any time.

Signature of Patient/relative or guardian: _____

Printed Name _____

Date _____