

Hudson Valley Manual Physical Therapy

22 Western Ave.

PO Box 791

Marlboro, NY 12542

Ph: 845-236-1900 Fax: 845-501-3215

Telephone Consent

Patient Name: _____ **Date:** _____

I give consent for a message to be left on my answering machine.

Yes

No

I give consent for a message to be left on my cell phone.

Yes

No

I give consent for a message to be left with my spouse, my significant other and/or parent.

Yes

No

I give consent to contact me at work and/or leave a message for me at work.

Yes

No

Patient Signature: _____