



## NEXT STEP THERAPY AND BALANCE CENTER

1248 Huffman Mill Rd, Suite 200, Burlington, NC 27215  
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[www.nextstepbalance.com](http://www.nextstepbalance.com)

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### **CONSENT FOR THERAPY**

I CONSENT TO RECEIVING PHYSICAL THERAPY PROCEDURES IN THIS OFFICE AND HAVE DISCUSSED MY DIAGNOSIS WITH THE TREATING THERAPIST.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_  
(If patient is less than 18 years of age)

### **APPOINTMENT REMINDERS**

I PREFER TO BE NOTIFIED OF MY UPCOMING APPOINTMENTS OR CHANGES TO MY SCHEDULE VIA:

PHONE: \_\_\_\_\_

TEXT: \_\_\_\_\_

EMAIL: \_\_\_\_\_