



## **PATIENT DISCLOSURE AND CONSENT TO TREATMENT**

I, \_\_\_\_\_, am currently a patient of WorkStar Injury Recovery Center. It has been recommended that I engage in aqua therapy and/or massage therapy and/or physical therapy in treatment of my injuries. One of the facilities that is capable of performing these therapy services is PT Hawaii, Inc. I have been advised by my physician that Dr. Scott McCaffrey is the Medical Director of PT Hawaii, Inc. and also is a shareholder in that company. I have been advised that I am free to have these therapy services performed by another facility other than PT Hawaii, Inc. Having had this explained to me, it is my desire to have the therapy services performed by PT Hawaii, Inc.

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**DATE**

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**SIGNATURE OF PATIENT**