

Cardenas and Associates Physical Therapy
12660 Riverside Dr. Suite #215 Valley Village, CA. 91607
(818) 506-7821
(818) 506-6722 FAX

Patient Name: _____

Due to the sensitive nature of the treatment you will be receiving, we would be happy to arrange for you to have a chaperone present in the examining room with you if you so desire.

Please indicate your decision below:

_____ Yes, I would like a to have a chaperone present during my treatment.

_____ No, I decline to have a chaperone present during my treatment.

Please feel free to change your decision at any time during the course of your treatment by telling your therapist or the front desk of your decision, and request a new chaperone form for your signature.

Patient Signature

Date