



## Physical Therapy Direct Access

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

You are receiving direct physical therapy treatment services from an individual who is a physical therapist (PT) licensed by the Physical Therapy Board of California.

Under California law, you may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon certificate issued by the Medical Board of California, or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care and that an in-person or telehealth patient examination and evaluation was conducted by the physician and surgeon or podiatrist.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name/Responsible Party: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

**I am requesting my physical therapist notify my physician and/or surgeon that I am receiving physical therapy treatment.**

Physician's Name: \_\_\_\_\_

Physician's Practice: \_\_\_\_\_