

# Hill Neurogenic Speech-Language Pathology, PLLC.

## CONSENT FOR EVALUATION/THERAPY

I, \_\_\_\_\_, acting on behalf of  
\_\_\_\_\_  
( hereinafter referred to as  
“the patient”) consent to the necessary evaluation and/or treatment of the  
patient as prescribed by a physician, and/or recommended by a speech language-  
pathologist.. I consent to care and/or treatment by Marjorie A. Hill (owner)  
certified and licensed Speech-Language Pathologist of Hill Neurogenic Speech-  
Language Pathology, PLLC. And the care that falls within the scope of  
speech/language pathology as defined by the State of Michigan and the  
American Speech-Language-Hearing Association.

I understand and am informed that, as in the practice of medicine, speech  
Language, voice and swallowing therapy may have risks. I understand that I have  
the right to ask about these risks and have any questions about diagnosed  
Conditions, prior to treatment.

I have carefully read and fully understand this Consent Form and have had the  
opportunity to discuss it with the treating therapist.

\_\_\_\_\_|\_\_\_\_\_  
Signature of Patient/DPOA/Legal Guardian      Date

