



# **DEPARTMENT OF PHYSIOTHERAPY**

## **LOG BOOK**

## **PT CLINICAL**

**NAME:**

**ENROLLMENT NUMBER:**

**SEMESTER:**

**PROGRAM:**



# DECLARATION

I, **[Your Full Name]**, Enrollment No. **[Your Enrollment Number]**, hereby declare that the work embodied in this log book is my original work and has been completed under the guidance of **[Name of your Clinical posting Guide]** for the fulfillment of the requirements for the **[Name of Your Degree/Program]** at **Jharkhand Rai University**.

**Signature of the Student:**

**Date:**

**Signature of the External clinical posting In Charge:**

**Date:**

**Signature of the Internal clinical posting In Charge:**

**Date:**

# CONSENT FORM

## Patient information

Name

Age

Gender

Patient ID

Address

## Consent

I, **[Patient Name]**, hereby provide consent to undergo assessment and treatment by the above mentioned physiotherapy student under the guidance of a qualified supervisor. Additionally, permission is granted to process essential medical data and record anonymous clinical details—such as clinical history, assessment, diagnosis, interventions, and follow up within the student's academic log book for educational purposes.

## Patient understanding & Rights

- I understand that the student is in training and is not yet a licensed physiotherapist.
- I understand that a qualified supervisor will be present or readily available at all times.
- The log book is strictly for educational use and will not be shared publicly.
- I have the right to request to view the information recorded about my case in the log book.
- I have the right to decline or withdraw my consent at any time without affecting my future care, to withdraw this consent, I must notify **[Supervisor Name]**.

## Confirmation & Signatures

I confirm that the purpose of this consent form has been fully explained to me, all my questions have been answered, and I understand that participation is voluntary.

**Patient / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

## Student information

Name

Enrollment no.

Program

Supervisor name & Designation

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_