

Patient Agreement

Thank you so much for choosing us for your physical therapy care. We consider it an honor and privilege to help you achieve your rehabilitation goals, but to do that we will need your help.

1. **It is very important that you attend all of your scheduled therapy sessions.** If you must cancel, please call at least 24 hours in advance or it is considered a missed visit. If you do not call to cancel at all it is considered a no show. After your 2nd missed visit or 1st no show, we reserve the right to cancel future visits so other patients can fill those slots.
2. **Please be on time for your visits.** If you are more than 10 minutes late for your appointment, you may have to be rescheduled. We strive to spend quality one on one time with each patient, so if you are late, it not only shortens your time, but also infringes on the next patient's time with the therapist. If you are more than 5 minutes late, your treatment visit will be shortened in order for your therapist to see their next patient on time.
3. **Please refrain from using your cell phone** during your treatment sessions.
4. **It is extremely important that you do your home program consistently** to gain the quickest and most optimal results from your rehabilitation program.

I have read the above guidelines and understand that my compliance with these is crucial to enabling me to realize the maximum benefit from my physical therapy.

Patient Signature

Date