
GUIDELINES AND POLICIES FOR PHYSICAL THERAPY PATIENTS

- ❖ When you arrive for therapy, please be seated. Your therapist will call you back.
- ❖ Please be prompt! Our therapists strive to make your wait time less than 5 minutes from your appointment time. Please show them and other patients the same courtesy. If you are more than 15 minutes late, we will need to reschedule your appointment.
- ❖ If you show 30 minutes before your scheduled appointment time and we are busy you may have to wait until your scheduled time as other patients have appointments also.
- ❖ Please be prepared to PAY YOUR CO-PAY OR CO-INSURANCE AT EACH VISIT. If you have questions about your insurance please review your insurance policy, or we can help you with clarification.
- ❖ Patients under the age of 18 must be accompanied by a parent or legal guardian.
- ❖ For our patients with young children: Due to insurance liabilities we cannot allow children in the gym. Please make arrangements for them while you are attending your appointments.
- ❖ **Office hours:** By appointment only, Monday thru Friday. If you call during non-office hours, you may leave a voice message.

CANCELLATION/ NO-SHOW POLICY

- If you need to cancel or reschedule your appointment for any reason, we require 24 hours notice (except extenuating circumstance), as we are holding a spot for you in our schedule that other patients could use. Failure to contact our office to cancel your appointment 24 hours prior to your appointment more than once may result in our inability to continue holding a spot for you in our schedule.
- No-Shows (not showing up for your appointment with no phone call to the office or therapist) are not acceptable as your therapist has blocked one-on-one time for your care. After one No Show, we may be unable to continue holding a spot for you in our schedule.
- Preferred method to be contacted by our staff regarding upcoming appointments (please check one):

Phone Call: <input type="checkbox"/>	Text Message: <input type="checkbox"/>
Phone Number: _____	

We look forward to working with you.

Nichole King, DPT
Physical Therapist/Clinic Director

I have read or had this information explained to me to my satisfaction, and I agree to comply with all clinic guidelines and the Cancellation/No- Show Policy.

PATIENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____