

Tel: (940) 612-8340

Fax: (940) 612-8393

Patient Education and Responsibility

Today was your first visit and we completed an evaluation and established an individualized plan of care. In order to ensure success in your recovery your participation and compliance is very important.

We ask that you participate in the following manner

- Comply with your home exercises that have been prescribed to you.
- If you need to cancel/reschedule a therapy appointment, please call us ASAP so that we may offer your appointment time to another patient.
- Reschedule missed appointments to comply with the established plan of care and to help comply with the Physicians orders.
- If you do not call prior to missing a scheduled appointment, this is considered a **no show**. You may be charged a \$25 fee for no shows. We have a 3 strikes policy. If you have 3 no shows you will not be put back on the schedule until all fees are paid in full.
- In the case of inclement weather, NTMC outpatient therapy will be closed and appointments will be cancelled or rescheduled if the local school system (GISD) is closed. You will be contacted within 48 hours of closure to reschedule. If the school system is not closed, but the conditions are deemed unsafe, you will be contacted prior to your scheduled appointment time to reschedule. If you feel unsafe traveling in any conditions, please contact the therapy office to reschedule.
- Wear loose and comfortable clothing
- Communicate your condition and any change in pain to the therapist so your treatment can be modified.

Our goal is to help you achieve a positive outcome and meet all of your goals. You will not benefit from therapy if you are not attending appointments consistently or following through with your prescribed home exercise program. Repeated cancelations and/or no shows will result in us contacting your physician and you being discharged from therapy.

I understand the terms of this form. I realize that I am financially responsible for charges incurred from no shows and that I will not benefit from therapy if I do not attend consistently.

Patient/Parent/Caregiver's Signature _____ Date _____

Therapist's signature _____ Date _____