



PATIENT COMPLIANCE FORM

Welcome to Physical Therapy Consultants, Inc.! We look forward to assisting you in your recovery process. In order to allow for a smooth process the staff has a few expectations.

To maximize the effects of your treatment, you need to:

1. **Show up on time.** We schedule adequate amount of time for us to successfully complete each visit. If you show up late, the therapist reserves the right to shorten your treatment session or even cancel your visit altogether if you are late by 15 minutes or more. Showing up late may negatively impact someone else's treatment as well.

Patient Initials:_____

2. **Avoid cancellations.** Failure to attend each session, by canceling or not showing up compromises your therapist's ability to help you get better. If your are unable to attend your scheduled appointment, please give 24 hour notice, or we reserve the right to charge \$15 to your account. If treatments are canceled 3 times, or if there are 3 no-shows, your therapist may reserve the right to discontinue your care. Please be aware that this may negatively impact your benefits with some insurance plans as well.

Patient Initials:_____

3. **Follow the directions provided by your therapist.** As part of your care your therapist may give you a number of exercises to do at home. Your therapist may also give you additional instructions that you need to follow through with. Not complying with all these instructions may negatively affect the outcome of your treatments and/or benefits.

Patient Initials:_____

If you are able to fully comply with these guidelines your therapist will be able to better assist you in returning to your previous level of function. Your therapist will do everything possible to try to greet you at your scheduled appointment time, however, we may be a few minutes behind due to other patient's treatment sessions that may overlap. Please be patient as your therapist is committed to giving you the necessary time and attention that has been given to the patients that were scheduled before you.

Thank you so much for complying with these guidelines. As stated, these guidelines have been put in place to ensure effective and timely care for you and other patients.

I have read, understand, and agree to comply with this policy,

Signature:_____

Date:_____

(Witness):_____

(Please give form to patient and place a copy in the chart)