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## MISSED APPOINTMENT POLICY

We appreciate you greatly as our patient and strive to accomplish optimal results and success for you. Your adherence to the recommended number of treatments is a vital component of your progress with our services; therefore, we have certain rules that need to be followed in order to ensure the most optimum results.

With the exception of serious emergencies, it is expected that you keep all your appointments. If you need to reschedule an appointment, please call our office and arrange for a make-up appointment within the same week. We reserve the right to charge you a \$35 no-show fee for cancelling an appointment without 24-hour notice or a no-show to a scheduled appointment.

In instances of repeated non-compliance with your scheduled visits, we also reserve the right to discontinue care. Your physician will be informed that your service has been discontinued due to non-compliance with the prescribed rehabilitation order.

## PHYSICAL THERAPY TREATMENT CONSENT

I request and consent to the physical therapy evaluation and treatment performed or directed by a licensed physical therapist or licensed physical therapist assistant of the company I understand that the physical therapists will evaluate and determine the appropriate treatment procedure/s specific to my presentation and condition. The treatment procedures will be in compliance with the state's physical therapy practice act and may include manual therapy techniques, such as spinal and extremity manipulation/ mobilization and instrument-assisted techniques (i.e. dry needling, cupping, ASTYM); neuromuscular re- education; therapeutic activities; therapeutic exercise; and modalities such as ultrasound, electrical stimulation, iontophoresis, and heat/cold therapy.

I understand that by participating in physical therapy there are potential risks to treatment that may include, but are not limited to fractures, disc injuries, cardiovascular issues, pneumothorax, bruising, increases in pain, burns, and nerve injury. It is not reasonable for the therapist or assistant to explain all risks at any particular visit, and I understand I have the right ask questions and to terminate any part of the physical therapy treatment at any time.

By signing below, I hereby acknowledge and agree that I have completely read and fully understand the Physical Therapy Treatment Consent and Missed Appointment Policy form. I have had the opportunity to inquire about its content and by signing below I agree to the above-mentioned procedures.

**Patient Name:** \_\_\_\_\_

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

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

*Below required for treatment of a minor or patient who does not have their own power of attorney.*

**Name of Parent or Legal Guardian:** \_\_\_\_\_

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

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