



Patient Label

Attendance and Cancellation Policy

1. Please notify our office **24 hours** in advance if you must cancel an appointment. **If you cancel less than 24 hours prior to your appointment there will be a \$15.00 Cancellation/No show fee.** Early cancellation allows us to accommodate other patient scheduling needs. This is especially important for patients who may be on a waiting list.

Initials: _____

2. If you arrive **10 minutes** past your scheduled appointment time, you will be rescheduled, unless the therapist's schedule permits otherwise.

Initials: _____

3. If you **do not show** for two appointments, you will automatically be discharged from therapy and your physician will be notified. You must then get a new prescription from your doctor to start therapy again.

Initials: _____

4. If you **cancel three times** or have **less than an 80% attendance** in a one month period, you will be discharged from therapy and your physician will be notified. You must have a new prescription to start therapy again.

Initials: _____

5. **Child Policy:** Children not being treated for therapy are not to be left in the waiting area unattended or without adult supervision. If you must take children to the back treatment area while you are having therapy, they must be able to sit down and not disrupt yours or any other patient's therapy. **Children are not allowed on therapy equipment or to use therapy items unless they are receiving therapy.**

Initials: _____

Patient/Representative Signature: _____ Date: _____ Time: _____