

Patient Name: _____
DOB: _____
MRN: _____

PATIENT ATTENDANCE POLICY

Your success in therapy is a direct result of regular attendance to therapy, communicating openly with your therapist and following your home exercise program.

Our clinic has a policy stating that if there are 3 consecutive missed appointments, 2 no shows or erratic / inconsistent attendance, the patient may be subject to discharge. In this event, the patient's physician and possibly insurance provider will be notified. Missed visits are documented in the patient's medical record. If the patient is discharged because of attendance problems, any re-admission will require a new physician's prescription.

Twenty-four hours notice must be given for any cancellation or re-scheduling of appointments.

Patients must be on time for their scheduled appointment. The treatment time for late patients is decreased so as not to interfere with the next patient's treatment. If they are 15 minutes late or more, they may not be able to be seen and may have to reschedule or could have to wait until the next scheduled appointment.

It is critical that patient's be on time for their appointment so that they may receive the maximum benefit of their scheduled treatment. Please allow for at least one hour for each appointment.

There may be a **\$25 fee** for the following:

- Missed appointments
- Late arrivals that have to be rescheduled
- Cancellations that are made less than 24 hours of the scheduled appointment

I have read the attendance policy and understand that my cooperation and active participation directly relates to the success of my therapy program. I acknowledge the possibility of a fee for missed appointments, late arrivals or late cancellations.

Patient's Signature

Date

copy to pt

Center for Physical Therapy and Exercise

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