



## Physical Therapy Attendance Agreement

**By initialing the below statements, the patient agrees to the following:**

Patient's Name \_\_\_\_\_

Initials

\_\_\_\_\_ Regular attendance is MANDATORY for successful rehabilitation.

\_\_\_\_\_ Patient failure to keep regularly scheduled appointments as prescribed for the approved treatment plan may cause less than optimal expectations for full recovery.

\_\_\_\_\_ Co Pays/Co Insurance (if applicable) will be collected at each treatment visit.

\_\_\_\_\_ If you are unable to attend your scheduled appointment, you must call the office at least one hour before your appointment time.

\_\_\_\_\_ If you are feeling increased soreness or pain (which is normal with new activities) you are still required to report to physical therapy so the therapist may assess the problem and if necessary, adjust your course of treatment.

\_\_\_\_\_ If you do not call or come in for a regularly scheduled appointment, your case manager/adjuster/referring physician will be contacted and you may be discharged for noncompliance.

\_\_\_\_\_ Non compliance for WC pateints will be reported to your employer, Workers' Compensation carrier and/or insurance carrier and may affect your Workers' Compensation benefits.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date