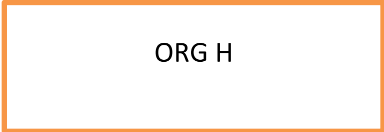

PATIENT NAME: ______________________________

DOB: ______________________________

MRN: ______________________________

OUTPATIENT THERAPY GUIDELINES

ATTENDANCE

Consistent attendance at therapy sessions is important to meet your child's goals. It is expected that patients will attend at least 85% of scheduled sessions for each type of therapy your child receive (7 visits out of 8 scheduled treatments).

If you are unable to attend a session, please let us know **at least 24 hours before the scheduled appointment** by calling (xxx) xxx-xxxx.

In an effort to affectively care for as many of the children referred to us as possible, your child may be discharged from therapy, or reduced in frequency, if you are not be able to meet these guidelines or if there are 3 no-show/no-call occurrences.

ARRIVING FOR THERAPY

Please be checked in and ready for the session **10 minutes prior to your scheduled start time**.

Please allow yourself time to find parking, obtain a visitor badge with security and then check in with a registration associate for your therapy appointment.

It is the expectation that your therapist will begin your session at your scheduled time. If you arrive late to your appointment, your session may be shortened or cancelled.

WHAT TO EXPECT

Your child's therapy sessions may include: working directly with you and your child, progress testing, fitting/adjusting equipment, and preparing/cleaning up the therapy room.

Therapists will end the session approximately 5 minutes prior to the scheduled end time. This will provide time to review your child's progress, answer any questions you may have, and allow the therapist to document this information.

An adult caregiver must remain in the building for the entire time your child is in therapy.

FAMILY PARTICIPATION

Your participation during therapy sessions is essential to your child's success. In order to provide a safe and effective therapeutic environment, siblings must remain in the waiting room, supervised by an adult.

PICTURES & VIDEO

To protect the privacy of other patients, pictures or video may not be taken during therapy sessions. If you would like to photograph or video your child, please discuss this with your therapist.

______________________________ ______________________________

PARENT/GUARDIAN SIGNATURE | DATE

______________________________ ______________________________

PRINTED NAME OF PARENT/GUARDIAN | RELATIONSHIP TO PATIENT

ORG H

PATIENT NAME: ________________________________

DOB: ____

MRN: ____

OUTPATIENT THERAPY GUIDELINES

PLANNED AND UNPLANNED ABSENCES BY YOUR THERAPIST

In the event that your therapist is planned to be out of the office, coverage by another therapist will be provided to the best of our ability to avoid a loss of treatment. You will be notified of this change the week before the therapist will be out.

In the event that a therapist is out of the office unplanned, your appointment will be moved over to another therapist with availability without prior notification or you will receive a call informing you that your appointment is cancelled for the day due to the therapist's absence.

______________________________	______________________________
PARENT/GUARDIAN SIGNATURE	DATE
PRINTED NAME OF PARENT/GUARDIAN	RELATIONSHIP TO PATIENT