WAYNESBORO
PHYSICAL THERAPY & SPORTS MEDICINE

Name: _____

THERAPY PARTICIPATION

We ask that all patients provide 24-hours notice for appointment cancellations. Patients will be given appointment cards for scheduled appointments. These cards contain their physical therapist's name, as well as Waynesboro Physical Therapy's address and telephone number to contact us. In addition, we offer digital reminders. You can elect to have a phone call, text message, or email reminder. Please indicate which appointment reminder option (select only one):

____ Email Email Address: _____

____ Phone Call Phone #: _____

____ Text Message Phone #: _____

____ I do not wish to receive any appointment reminders

How may we contact you regarding medical, billing or appointment information?

Call your home phone and leave a message? YES NO
Call your cell phone and leave a message? YES NO
Call you at work and leave a message to call us? YES NO
Work Phone #: _____

We recognize and respect that your time is valuable. Our therapists' time is valuable as well. Our mission is to help our patients reach the goals set during the initial evaluation, and we can only work towards these goals when appointments are attended.

Patients who cancel or fail to show for three consecutive appointments will be discharged and asked to return to their physician before returning to physical therapy. A note will be sent to the referring physician regarding the reason for discharge.

Appointments may be made in advance; however, if attendance is not consistent, advanced appointments will be limited. ***There will be a $20.00 fee rendered for "no shows."***

Your signature below acknowledges Patient or Patient Representative has read all information above and gives consent to be treated.

Patient or Patient Representative Signature: _____
(Patient Representative required if the patient is a minor under 18 or an adult who is unable to sign this form)

Date: _____

Relationship of Patient Representative to Patient: _____

Reviewed by (Staff Initials)_____