



TRINITY

MANUAL & SPORTS PHYSICAL THERAPY

Patient/Therapist Partnership Agreement

Cancelled and Missed Appointments

We are committed to providing the highest quality of clinical services and delivering those services using methods and schedules that produce success. In order for services to be helpful and effective, it is important to maintain all scheduled appointments and perform all homework assignments that are part of your treatment plan. To avoid disruption of treatment progress, cancellations and missed appointments must be avoided.

If there is an emergency or some other absolute necessity that requires cancellation, a 24 hour notice is required. Also if there are frequent cancellations, even with sufficient notice, treatment is not likely to be effective and it will be appropriate to discuss discharge.

Communication

It is important to communicate with your physical therapist about how you are progressing in therapy. Please let your physical therapist know about any concerns or questions that you may have. Open and honest communications, which occur in a timely manner regarding your care, are important to providing you therapy services that are of value to you.

I _____ fully understand the expectations, responsibilities, and obligations that have been explained to me and I agree to treatment and services in Outpatient Physical Therapy at **Trinity Manual & Sports Physical Therapy**. Furthermore, I confirm that the physical therapist or representative has answered my questions related to the above.

I give my permission to be contacted by **Trinity Manual & Sports Physical Therapy** to confirm appointment via telephone or email.

Yes No

IF I can not be directly contacted by telephone, I give permission to **Trinity Manual & Sports Physical Therapy** to leave a voicemail message to remind me of a pending appointment.

Yes No

Patient Signature: _____ Date: _____
Or Parent/Guardian

Witness: _____ Date: _____