SHELTERING Arms
PHYSICAL REHABILITATION CENTERS

PATIENT IDENTIFICATION

SHELTERING ARMS
Patient-Therapist Partnership Agreement

Thank you for choosing Sheltering Arms for your care. It is important that you understand your goals and the best way to achieve them. We are committed to helping you achieve your maximum rehabilitation potential; however, we cannot be successful without your commitment and active participation.

The following guidelines will enhance your opportunity for a timely recovery:

- **Consistent and punctual attendance for all scheduled rehabilitation appointments is necessary for progress.**
- **If you must cancel an appointment, please call 24 hours in advance.**
- **There will be a $35 charge for not showing to your appointment. There may also be a charge for cancelling your appointment with less than 24 hours notice. Payment will be expected prior to continuation of treatment/service.**
- **Frequent cancellations or no shows may result in a treatment regime that is ineffective and discharge from the program may be warranted. Three (3) or more cancels or no shows may result in discharge.**
- **Required co-pays are due at the time of the visit.**
- **Compliance with your prescribed home exercise program will facilitate progress.**
- **Keep your therapist informed of your condition or any changes that occur.**
- **Ask your therapist about any questions you may have regarding your program.**
- **Please be considerate of others and turn off your cell phone during therapy sessions.**

Our goal is to provide excellent service and care for each patient on an individual basis. We will assist you in every way possible to achieve a positive outcome. By signing this agreement you agree to actively participate in your therapy plan and understand the responsibilities and obligations that have been explained above.

I agree to the treatment and services of Sheltering Arms Outpatient Rehabilitation Services.

Patient/Parent/Caregiver's Signature: _____