**Physical Therapy Team Agreement**

Welcome to Ridgefield Physical Therapy.

***Please read the following agreement and sign at the bottom to indicate you are a willing participant.***

**Cancellation Policy:** Appointments are scheduled for 40-minute sessions. Please arrive prepared for your appointment time. **THERE IS A $50 CHARGE FOR MISSING A SCHEDULED APPOINTMENT OR FOR CANCELLING AN APPOINTMENT WITHIN LESS THAN 24 HOURS OF THE APPOINTMENT TIME**. Therefore, if 3 or more appointments are missed therapy may be placed on hold.

**Home Program:** You will be given information for self-management and healing, which may include educational material to read, exercises or postures to use, equipment, or change in activity level. We will help you to set reasonable measurable goals.

**Communication:** This is likely the most important component of this agreement. Help us help you by letting us know when you have a doctor’s appointment, a change in your status, questions, or concerns. The best way for us to help you is by having access to concise, accurate information from you. We will share information with your doctor or referring healthcare provider as needed throughout your treatment.

By checking the below, I allow Ridgefield Physical Therapy to contact me via unsecured text and/or email, regarding my care.

 **Please check all that apply:**

 Text (Phone Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email (Email Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A**ppointment reminder preference (only check one):**

 Text Email

**How did you hear about us?**

 Online search Family/friend Doctor referral

 Social media Other:

Thank you for choosing us to help you.

 The Ridgefield Physical Therapy Team

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(Patient/Parent/Legal Guardian Signature) Print Name: Date:

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_