



Patient Treatment Agreement with Rehab Plus Sports Therapy

Welcome to Rehab Plus Sports Therapy. We take pride in providing the best, up to date, most progressive care available. In addition, we participate as a teaching institution for Doctoral candidates in Physical Therapy from Universities throughout the country and serve as adjunct faculty in numerous scholastic settings.

This agreement is designed to maximize your functional outcome by providing mutually agreed upon guidelines covering the term of your care.

Please read the following, ask questions where needed, then sign and date the agreement so we can begin your care!

Thank you for selecting Rehab Plus as your therapy provider!

- 1) Open lines of communication are a must! I understand that reporting a change in my symptoms, (whether better or worse) is vital for my Therapists complete understanding of my condition. I realize that when first starting therapy, my pain and dysfunction may temporarily increase as I experience 'flare ups' until my Therapist can calculate my response to treatment.
- 2) Per mutual agreement and as recommended by my health care provider, I will commit to attend my therapy sessions with 100% compliance at a frequency and duration of the following:
 ___ X per week for ___ weeks.
 Failure to attend sessions as scheduled will likely result in a less than satisfactory outcome for my condition.
- 3) For any follow up visits with my Physician, I agree to notify my Therapist 1 week prior to allow prep time for needed Progress Notes to be prepared and sent.
- 4) In order to maximize my benefit from therapy, I agree to perform all Home Exercise and Home Care instructions as directed by my Therapist and Physician. This will likely include the following:
 Activity modification
 Therapeutic Exercises
 Medication management
 Bracing/taping/crutches/slings
 Ice/Heat
- 5) I agree to contact my treating Therapist and immediately reschedule my visit should I find it impossible to attend a scheduled appointment. I understand other patients may have needed this scheduled time, and Rehab Plus as a company is paying my Therapist to be present for my care, thus financial obligation is mine to cover this cancelled or missed visit.

Patient _____ Date _____

Therapist _____ Date _____