Policies For Your Therapy

Welcome and thank you for choosing St. Anthony's for your rehabilitation needs. Please take a moment to read through these policies and fill out the attached form.

Appointments

The frequency and length of your therapy will be determined after your initial evaluation. Convenient therapy times will be established following your first visit. The number of patients in each session is limited so that we may provide you with individualized care.

Cancellation

If you are unable to keep your appointment let us know at least 24 hours in advance so that we may schedule another patient at that time. Every effort will be made to reschedule this missed appointment for a future date. If you anticipate arriving late, please call to inform us.

If you arrive more than 15 minutes late, you may have to be rescheduled.

Rescheduling

We understand that unforeseen situations arise and the need to reschedule appointments is needed. Making these changes as soon as possible will increase your likelihood of securing a convenient time slot.

Excessive Cancellations/Missed Appointments

If you are unable to attend for three consecutive appointments, you may be discharged from therapy.

Payment

Payment is expected at time of service (Co-Pay/Co-insurance)

Cell Phone Usage

We ask that you limit cell phone use to outside of the building as a courtesy to team members and other patients.

••• Also, please either shut off or put phone on vibrate while in therapy session.

Clothing

Please wear comfortable but appropriate clothing and footwear that would allow for unrestricted movement in a public area.

Aquatic Therapy

If you will be participating in aquatic therapy please remember the following:

- Do not apply any lotions or perfumes prior to treatment.
- Please rinse off in the shower immediately prior to your treatment in the locker room.
- Please inform the therapist of any open skin lesions (new or old) or if you are incontinent of bowel or bladder.
- Please wear shoes from the locker room to the pool.

I have read and understand the above policies:

Patient Signature Date

