



NAME: _____
DOB: _____
MRN: _____
PHYS: _____

Patient Agreement

Thank you for choosing OSF Saint Francis Medical Center Rehabilitation Services for your health care! Because we want to provide very good care for you, we ask you to read and sign the following:

Your first visit is an evaluation visit.

- Please verify coverage for your outpatient therapy benefits with your medical insurance carrier. We suggest that you ask about: **required physician referrals, required licensure of therapist, pre-authorizations, limitation on number of visits or maximum dollar amounts. If you have concerns or special needs, please let us know.**
- Your therapy time is reserved for you. It is important for both you and your therapist to be prompt, or your therapy session may need to be rescheduled. If you ever wait more than ten minutes after your appointed time, please let the staff know.
- Whenever possible, we will schedule your appointments at your requested time and with consistent therapists.
- A copy of your schedule or an appointment card will be given to you.
- **Please bring with you any emergency medicines (such as nitro, oxygen, inhalers, diabetes test kits and supplies) to all therapies, including pool therapy. Please do not use equipment in the clinic without the supervision of the therapists.**
- Please call in any cancellations as soon as possible. If you are hospitalized, your schedule will change, and your therapy may resume later pending your physician's orders.
- If you are scheduled for therapy and do not attend (more than once without notification) or cancel 25% or more of your scheduled therapies, your therapy services will be discontinued. New orders from your physician will be required to resume treatment.
- If your therapist believes you are impaired by alcohol/substance use, your treatment will be cancelled.
- If your physician has ordered aquatic therapy, our goal is to help you become independent with your aquatic exercise program, using community and/or therapy pools to maintain your gains and further your progress.
- If you have special needs due to a vision, hearing or other impairment, please request help at any time. If you need interpreter services, we will make arrangements to provide them for you.
- During your treatment time here, you will be issued a home exercise program from all your therapists. Your compliance with this program at home will be necessary for your success at reaching your goals.

Thank you from OSF Saint Francis Medical Center Rehabilitation Services...Help that makes good things happen!

I have read and understand the above policies and recommendations.

Name: _____

Date: _____

