

## *Physical Therapy Team Agreement*

*Welcome to Battle Ground Physical Therapy. We are glad that you have chosen to team up with us to help you meet your goals related to your injury or just improve your quality of life and function. We believe that together we can make this happen and that it requires extensive effort on both our parts. Only you can improve from where you are right now. We will help facilitate the process and help you through it by using our hands, equipment and educational tools.*

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

Scheduling: It is important that everyone arrive and be ready for the scheduled appointment time. THERE IS A \$35 CHARGE FOR MISSING A SCHEDULED APPOINTMENT OR FOR CANCELING AN APPOINTMENT WITHIN LESS THAN 12 HOURS OF THE APPOINTMENT TIME. We have a voice mail when we are not in the office. Appointments are scheduled for 45 minute sessions. It is important to have consistency with your appointments and keep them on a regular basis. Therefore, if 3 or more appointments are missed, this demonstrates lack of focus and responsibility and therapy may be placed on hold. We also prefer to have you work with one primary therapist and their assistant. From time to time we may ask one of our other therapists for their specialty advice to give you the best care.

Home Program: You will be given tools to use for self management and healing of your condition. This 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. When either the goals are met or we determine that therapy is no longer assisting in your progress, you will be discharged from PT.

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. We also need you to follow the home program and any recommendations that are made. If you do not understand a component, then, please ask for clarification.

We want your time with us to be informative and helpful.

Thank you,

Shannon Schram, DPT  
Christy Mackiewicz, PT  
Kellie Wilson, MPT

\_\_\_\_\_  
(Patient/Legal Guardian signature)      \_\_\_\_\_ Date \_\_\_\_\_  
(Therapist signature)