



CHILDREN'S HOSPITAL

# OUTPATIENT REHAB SERVICES ATTENDANCE AGREEMENT

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*Bedin, Jeffrey*

PLACE PATIENT'S LABEL HERE

*MR# 1002548110*

We are pleased that you have chosen Children's Hospital for your child's therapy services. We want to provide the best possible service to you and your child. **UNDER NO CIRCUMSTANCES ARE YOU TO LEAVE THE PREMISES WITHOUT YOUR CHILD UNLESS THIS HAS BEEN DISCUSSED WITH YOUR TREATING THERAPIST. IF IT IS AGREED THAT YOU MAY LEAVE, YOU MUST RETURN PRIOR TO THE END OF THE THERAPY SESSION. IF YOU LEAVE, YOU MUST TAKE ANY OTHER FAMILY MEMBERS OR SIBLINGS WITH YOU. IF YOU CANNOT RETURN PRIOR TO THE THERAPY SESSION ENDING, THE CHILD MUST GO WITH YOU AND THE THERAPY SESSION WILL END. CONSISTENT ATTENDANCE IS VERY IMPORTANT TO YOUR CHILD'S PROGRESS. THE FOLLOWING ARE OUR ATTENDANCE EXPECTATIONS:**

**Regular attendance is expected for all scheduled sessions.** For your child to remain in therapy he/she must follow the attendance requirements indicated. Appointments scheduled for:

- 1x week; Your child must attend 6 out of 8 sessions
- 2x week; Your child must attend 12 out of 16 sessions *6-8 weeks*
- 3x week; Your child must attend 18 out of 24 sessions

Attendance is calculated at the end of every month for a 2-month period. Two (2) absences in a 2 month period without prior cancellation will result in immediate discharge from therapy.

**If you arrive 15 minutes or later for your therapy session, your session will be cancelled.** If you arrive 15 minutes or later to three (3) therapy sessions within a two (2) month time period, your child will be immediately discharged from therapy. If you are unable to attend for any reason, please notify us 24 hours in advance by calling:

Outpatient Rehabilitation (504) 896-9557 *504-896-3949*  
*metairie covington*

If you have any questions or concerns regarding attendance, please speak to your child's therapist.

If your child has a surgical procedure, goes to the emergency room, or has a hospitalization, please bring a prescription from the doctor when you return to occupational or physical therapy.

**Please have your child ready to start therapy at your scheduled time.** Your child should be fed, have a clean diaper or recent trip to the bathroom and be wearing appropriate clothing, shoes and braces for physical therapy.

**Please do not bring your child to a therapy session if your child:**

- has a fever
- has diarrhea or vomiting
- has been diagnosed with lice or ringworm (until 24 hours after treatment has started)
- has been diagnosed with pinkeye or shingles (until the lesions clear)
- is in the contagious stage of a communicable disease (such as chicken pox or whooping cough)

**Your child will be discharged from therapy when:**

- Your child has successfully completed all goals
- Changes do not occur at the expected rate or level or there is a plateau in progress
- Non-compliance with the attendance agreement
- Upon orders for discontinuation of therapy by the physician
- Failure to notify therapist you are leaving premises or failure to return prior to therapy session ending.

**\*If your child is discharged for attendance he/she will have to wait at least six months before being rescheduled.**

DO NOT WRITE OUTSIDE BOX

Parent/Guardian's Signature <b>X</b> <i>Jeffrey Bedin</i>	Print child's name	Date <i>7/25/18</i>
Therapist's Signature <b>X</b> <i>Danney Key</i>		Date <i>7/25/18</i>

PT/PTATTENAG (11/17) | REVISED | 2NCR | PDF

**OUTPATIENT PHYSICAL THERAPY**  
Outpatient Physical Therapy Correspondence



\*PTOP140\*