



**BLANK PEDIATRIC THERAPY
THERAPY PARTICIPATION AGREEMENT**

To best serve your child, it is important for your child to be here on time for his/her scheduled treatment sessions at our office. Consistent attendance is important to help your child improve and learn new skills.

If your child cannot come to their appointment or will be late, please call the office at 515-241-8550 (Des Moines), 515-963-7924 (Ankeny), or 515-225-6212 (West Des Moines) as soon as possible before the treatment time.

Please schedule your child's treatment time when you know you can regularly come. It is expected that your child attend **a minimum of 75% of scheduled therapy sessions** in a three-month period.

Cancelations:

- Please let us know as soon as possible if your child cannot attend their scheduled therapy appointment.
- We appreciate prior notice– at least 24 hours if possible
- If your child or the person who brings your child is ill, please call and cancel the appointment.
 - If your child is ill and not able to attend school, home school, daycare, or has a doctor's appointment for the illness, please call and let us know your child is sick.
- We encourage you to schedule medical appointments, dental appointments, social events, etc. at non-therapy times.

“No-show”:

- If your child does not attend a session and we do not receive a call to cancel the session in advance, this is considered a “no-show”.
- Calling **after** the time of the session to cancel is also considered a “no-show”.
- A second instance of a “no-show” within three months of the first instance will result in your child being **discharged** from therapy. If you wish to resume therapy at a future date, a new physician order will be required as well as a new therapy evaluation.

On-hold: It may be necessary to place your child on an “on-hold” status if he or she will be missing several therapy sessions because of a medical procedure, family event, change or loss of insurance, etc. Please notify your therapist if you feel your child needs to be placed “on-hold” as soon as possible. This will allow our scheduling staff to schedule appropriately for these missed visits and they will not count against your child's attendance record.

Holidays/Office Closure: Our department is closed on the following major holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas. Additional days or partial days may be added to this list on a year to year basis depending on the day of the week the holiday falls. In the event of school closure due to inclement weather, our department **remains open**. If you are unable to arrive to your appointment safely due to weather, please call in advance of your appointment time to notify the department. Missed therapy on these days will not count against a child's attendance record.

**We will work together to achieve the best outcomes for your child.
I have read and agree to the responsibilities as written above.**

Caregiver Signature: _____

Date: _____

Caregiver Signature: _____

Date: _____

Physical Therapist Signature: _____

Date: _____

Occupational Therapist Signature: _____

Date: _____

Speech-Language Therapist Signature: _____

Date: _____