



DIVISION OF OCCUPATIONAL THERAPY AND PHYSICAL THERAPY

ATTENDANCE EXPECTATIONS

Child's Name: _____

Therapist Name: _____

Phone # to Call for Cancellation or Late Arrival: _____

The Occupational Therapy and Physical Therapy Department at Cincinnati Children's Hospital Medical Center is committed to you and your family. We want all patients to make progress and meet therapy goals. His or her success will depend on prompt and consistent attendance in therapy. The following are our attendance expectations:

1. Please make sure that you attend your scheduled therapy appointments.
2. Please arrive in time to register and be ready to start therapy at your scheduled time. Therapy sessions will begin promptly at your scheduled time.
3. Your session will include time to discuss the therapy program, prepare and clean the treatment space and to document the results.
4. If you will not be on time for a scheduled appointment, please contact your therapist to see if he or she can still see you.
5. If you know in advance that you will be out of town or have a scheduling conflict please let your therapist know as soon as possible.

CANCELLATIONS

1. If you must cancel for any reason please call us as soon as possible.
2. If you cancel with less than 5 days notice the appointment is considered "a missed appointment".
3. If 2 out of 5 appointments have been "missed" or "broken", all other appointments will be scheduled one at a time. Your therapist may need to offer you a different time depending on his or her schedule.
4. Your next appointment must be confirmed with your therapist.

BROKEN APPOINTMENTS (NO SHOWS)

1. If you do not come to an appointment and you do not call us that is considered a "broken appointment".
2. You must call to reschedule after a "broken appointment". Please do not assume that you have a next appointment. Future sessions will only be scheduled one at a time. Your therapist may need to offer you a different time depending on his or her schedule.
3. After a "broken appointment" if we do not hear from you within 3 days, we will assume that your child is not returning to therapy.

ILLNESS

- Children with mild illnesses (i.e. colds, coughs, and earaches) **MAY** attend therapy sessions. Our staff practice "standard precautions" to protect themselves and others from these illnesses.
- Please do **NOT** bring your child to a therapy session if your child:
 - Is in the contagious stage of a communicable disease, such as chicken pox or whooping cough
 - Has uncontrolled diarrhea or vomiting
 - Has a fever greater than 101 degrees with rash, lethargy or irritability
 - Has been diagnosed with strep throat or pinkeye (until 24 hours after treatment has started)
 - Has an untreated infestation of head lice or scabies

I have read and understand the above appointment policies.

Parent/Guardian Signature

Date