



Thank you for choosing Coordinated Health Rehabilitation. Our goal is to coordinate your journey back to being yourself as quickly and safely as possible. Here at Coordinated Health Rehabilitation, our highly trained therapists, therapist assistants, athletic trainers and fitness specialists work hard to provide a pleasant experience while helping to restore your health and well-being. Please help us in providing the best quality of care by doing your best to adhere to the following while participating in therapy:

1. **Co-pays.** Your co-pay should be paid at time of visit. If your co-pay is not paid at the end of the week your appointment may be rescheduled. Paying the co-pay upfront will help you from accumulating a large balance. If you are uncertain if you do/do not have a co-pay please ask one of the front desk specialists and they will be glad to assist you.
2. **Scheduling Appointments.** Please make sure that you check in at the front desk at each visit to pay co-pay and schedule follow up appointments so that we can accommodate the time you want to be scheduled.
3. **Please be on time for appointments.** Patients who are chronically late for appointments may need to be rescheduled. Please call and let the front desk know if you need to cancel and reschedule appointments. The number to call is 610-861-8080.
4. **Please monitor children while in therapy.** If it is necessary for your child to accompany you for your appointment, we do ask that you supervise them and do not allow them to play on/with the equipment.
5. **Please refrain from using cellular phones during a scheduled therapy appointment.** Your time and the time of our therapy team are crucial to your recovery so we ask that cellular phones be used only in an emergency.
6. **Chronically no showing for appointments may cause you to be removed from future schedules.** Please call if you are unable to attend your appointments.
7. **No food or drinks are allowed in patient care areas.** Only bottled water is permitted.

Thank you in advance for your cooperation and for choosing us for your therapy care!

Your team at Coordinated Health Rehabilitation



## Rehabilitation Treatment Agreement

As part of my rehabilitation treatment at Coordinated Health by physical and/or occupational therapy, I agree with the following:

1. **I will inspect the facilities and equipment prior to usage.** If I believe anything to be unsafe, I will immediately advise a staff member of the potentially unsafe condition. I understand that I may decline to participate in an activity involving a potentially unsafe condition.
2. **I will follow the advice and instructions of my therapist.** I understand that failure to follow the advice and instructions of my therapist could aggravate or worsen my condition, because musculoskeletal structures can become weaker, more painful and/or injured (among other things) can cause injury, death and/or disability.
3. **I will immediately report any significant changes in my symptoms/condition.** I understand that failure to make such a report (or failure to be honest and/or forthright with my medical history) can cause injury, death and/or disability.
4. **I am aware that pain can occur during therapy.** I understand that it can be caused by, among other things, the injury and/or surgery that resulted in my referral to therapy and/or the activity of musculoskeletal structures at or adjacent to the site of injury and/or surgery (which occurs during therapy). I also understand that important diagnostic information may be gained by reproducing my pain. However, if I experience any unusual pain, I agree to immediately inform the therapist.
5. **There is a risk of injury, death and/or disability with participation in therapy** because among other things, therapy requires physical activity. I understand that the practice of rehabilitation/therapy is not an exact science and that complications can occur (despite reasonable efforts by therapy to prevent or minimize the risk of complications). Further, I understand that my therapist will identify the specific risks associated with my therapy, upon my request.
6. **I am free to choose an alternate facility for therapy.** I also understand that if my referring physician was from Coordinated Health, he/she may have a financial interest in the rehabilitation/therapy business.
7. **Manual (hands-on) evaluation and treatment is a standard part of physical therapy.** I understand that if any touching makes me uncomfortable, then I should immediately communicate that concern to the therapist and immediately contact Jasmine Kain, Director of Rehabilitation, at 610-861-8080 or [jkain@coordinatedhealth.com](mailto:jkain@coordinatedhealth.com) at Coordinated Health if I believe that my concern has been improperly ignored.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

If the person participating in therapy is not yet 18 years old: As parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date