SOUTHERN PHYSICAL THERAPY CLINIC

Missed Visit Policy

At Southern Physical Therapy Clinic our goal is to help all patients reach a fully recovered state. Your physical therapist will provide you with your plan for care during the evaluation appointment and will inform you of the required number of visits to help you achieve your goals. Patients who attend all of their physical therapy visits are 93% more likely to fully recover from an injury whereas those that miss even one visit have a lower potential for recovery. We are happy to share a copy of this study with you but want to make sure that you understand that it is extremely important that you attend all of appointments. This policy ensures that all patients have the opportunity to receive the care they need.

Please read our policy and sign at the bottom indicating you understand our expectations and our policy.

1. As experts, we know that **you will not reach full recovery if you do not attend your appointments.** To help ensure you have the best chance at recovery, we will work with you to schedule out all of your appointments after your evaluation today and in order to have the best chance at recovery, you will need to attend each visit.
2. **Please note:** Our goal is to begin your treatment sessions on schedule. For all appointments after your evaluation, we expect that you will arrive at least 5 minutes prior to your appointment time, dressed for your session, and ready to begin at on time. This will allow our front office to handle their responsibilities and our specialists to provide the care you need and deserve.
3. If you're late for your appointment, you're missing the time that we have specifically scheduled for your care and we cannot guarantee that we will be able to provide you with your full treatment as we have reserved the appointment time following yours for someone else.
4. **If you're running late**, we need you to call us immediately so we can prepare for your late arrival and consult with your clinician. If you are more than 15 minutes late, your session may need to be rescheduled and, we reserve the right to charge our missed visit fee for the lost session. Chronically late patients will be asked to change their appointment times.
5. While we understand that illness can strike at any time, we still expect that you will work to provide at least a **24 hour** notice if you cannot attend a scheduled appointment.
6. Providing care to all patients is extremely important to us and late notice of changes or cancellations will keep someone else from getting the care they need and deserve. **If you need to cancel or change a scheduled appointment, for any reason, we require a 24 hour notice during business hours, so we have enough time to help another patient who needs to get in for the care they need and deserve.**
7. When you call to cancel an appointment, have your schedule ready as we will reschedule you right away.
8. **We reserve the right to charge a missed visit fee of $50 if you do not provide at least a 24 hour notice of your appointment change or cancellation, and we will comply with payer policy in carrying it out.**
9. **To avoid our missed visit fee, we need you to call our office during business hours - at least 24 hours in advance for any illness, appointment changes or cancellations.**
10. Patients who have multiple same-day cancellations or no-shows, will be removed from the active schedule, and will be placed on the day-to-day list to avoid future missed visit charges. We will also notify your physician.
11. If you're worker's comp, we are required to notify your claims adjuster if you cancel or no-show for an appointment.

We look forward to working with you to meet your physical therapy goals. **To avoid any issues with our policy, we only need the required notice, so we have enough time to help all patients to get in for the care they need and deserve.**

Adam Robin, Owner

This policy has been verbally reviewed with me and by signing below I am indicating that I understand this policy.

Patient Signature	Patient Name	Date

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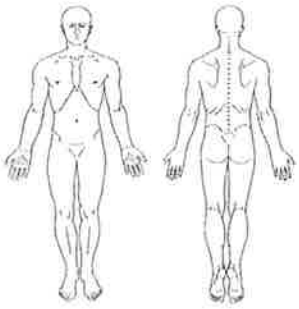
Patient Registration

Date:	First Name, Middle Initial:	Last Name:
Phone Number:	Address:	Email Address:
Date of Birth:	Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Employer:	Occupation:	What tests have been done for this condition?
Primary Care Physician (first, last):	How did you hear about us?	☐ CT Scan ☐ Bone Scan ☐ MRI ☐ Ultrasound ☐ X-Ray ☐ None ☐ EMG ☐ Other: _____
Present/Primary Complaint:	How long has this been bothering you?	

How did this condition occur? Please check all that apply:

☐ Accident ☐ Fall ☐ Gradually ☐ Work Injury ☐ Lifting ☐ Sport ☐ Surgery ☐ Other: _____

Are you experiencing pain or abnormal sensations? ☐ Yes ☐ No	Pain Rating (0 none - 10 worst imaginable): Currently:_____ At Best:_____ At Worst:_____
Please indicate the location of pain / sensation with an "X": 	What positions or activities make your symptoms worse? ☐ Sitting ☐ Standing/Walking ☐ Increased Activity ☐ Lifting ☐ Pushing ☐ Pulling ☐ Other:_____ What positions or activities make your symptoms better? ☐ Sitting ☐ Standing/Walking ☐ Lying Down/Rest ☐ Medication ☐ Ice ☐ Heat ☐ Other:_____
Have you had PT or OT before? (either for this condition or a different one) ☐ Yes ☐ No	Have you or are you receiving any other medical treatments for this condition?
What are your top 2-3 passions or hobbies? 1. 2. 3.	What needs to happen for this to be a successful experience for you?

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Health Status Form

How would you best describe your overall general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please explain:_____

Are there any areas within your current health habits that you would be interested in seeking additional support?

(Check All That Apply): ☐ Diet / Nutrition ☐ Physical / Fitness ☐ Mental / Emotional ☐ Medical ☐ None

Please explain:_____

Past Medical History

If yes, please provide details:

High Cholesterol	☐ Yes ☐ No	Stroke	☐ Yes ☐ No
High Blood Pressure	☐ Yes ☐ No	Blood clots	☐ Yes ☐ No
Heart Problems	☐ Yes ☐ No	Pacemaker	☐ Yes ☐ No
Seizures/Neurological	☐ Yes ☐ No	Cancer/Tumor	☐ Yes ☐ No
Behavioral/Learning	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No
Anxiety/Depression	☐ Yes ☐ No	Hepatitis/HIV	☐ Yes ☐ No
Genetic/Congenital	☐ Yes ☐ No	Asthma/COPD	☐ Yes ☐ No
Are you pregnant?	☐ Yes ☐ No	Do You Smoke?	☐ Yes ☐ No
Bone Joint Problems	☐ Yes ☐ No	If so, how much:	
Areas of Swelling	☐ Yes ☐ No	Back/Neck Surgeries	☐ Yes ☐ No
Autoimmune Disorder	☐ Yes ☐ No	Open Wounds	☐ Yes ☐ No
Nerve Damage	☐ Yes ☐ No	Varicose Veins	☐ Yes ☐ No
Fibromyalgia	☐ Yes ☐ No	Multiple Sclerosis	☐ Yes ☐ No
Osteoporosis	☐ Yes ☐ No	Bursitis	☐ Yes ☐ No

Other (describe): _____

Significant Past Surgeries: _____

Medications / Allergies

List all medications (prescription & OTC medication/vitamins) or attach list, include dosage and method:

_____

_____

_____

List all food and medical allergies (include latex & adhesives):

_____

_____

_____

Daily Activities

What does your job and/or home duties require? Check all that apply:

☐ Computer Work	☐ Standing	☐ Reaching	☐ Carrying
☐ Kneeling / Squatting	☐ Walking	☐ Climbing	☐ Lifting
☐ Repetitive Movement / Twisting	☐ Writing	☐ Pushing / Pulling	☐ Other: _____

Signature of Patient or Legally Authorized Representative: _____ **Date:** _____

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Massage Information
(to be completed by massage clients only)

Reason for Seeking Massage: Relaxation / Specific Problem: _____

Pressure Preference: ☐ Light ☐ Medium ☐ Firm

Please indicate any areas of discomfort:

_____

_____

_____

I acknowledge that by signing below I am sure that I have completed this form in honesty and if my health status changes I will inform Southern Physical Therapy Clinic before booking another appointment.

Client's Signature: _____ Date: _____

Professional's Signature: _____ Date: _____

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Please initial and date where indicated below:

Consent to Treatment

I hereby authorize the professional staff at Southern Physical Therapy Clinic to examine and treat me with physical therapy/occupational therapy/speech therapy for the injury and/or condition that I have been referred here for or referred myself to.

_____ _____

Patient/Caregiver Initial Date

HIPAA Regulations

I understand that Southern Physical Therapy Clinic complies with HIPAA and will protect my Protected Health Information (PHI). I understand my information will be used as allowable by law in the treatment, billing and collection pertaining to my care until my case is closed and full payment is received. I also authorize the release of any information pertinent to my case to my insurance company, adjuster, attorney, or medical provider for the purpose of securing payment. This authorization remains in effect until 90 days from the date of the last bill collected.

_____ _____

Patient/Caregiver Initial Date

Assignment and Instruction for Direct Payment to Health Provider

Insurance Company/Companies:_____

I hereby instruct the above-named insurance company/companies to pay by check made out to and mailed directly to Southern Physical Therapy Clinic for professional or medical expenses allowable and otherwise payable to me under my current insurance policy. This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above-mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional fees for non-covered services and/or fees, over and above the insurance payment or as required by my insurance policy.

_____ _____

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Please initial and date where indicated below:

Release to Send Text and/or Email Appointment Reminders

By initialing below, I confirm and authorize Southern Physical Therapy Clinic to provide text message and/or email reminders to the provided cell phone number and/or email address. I understand that there will be personal appointment information that is protected under HIPAA law and accept responsibility for these reminders.

_____ _____

Patient/Caregiver Initial Date

Confirm Receiving Copy of Non-Discrimination Policy

By initialing below, I confirm that I have received a written copy of Southern Physical Therapy Clinic's Non-Discrimination Policy. I have read and completely understood the policy and have been given the opportunity to clarify any misunderstanding.

_____ _____

Patient/Caregiver Initial Date

Confirm Understanding of Formal Discharge Assessment Requirement

It is a medical necessity per your insurance provider that you complete a formal in person discharge assessment during your last scheduled appointment. An unplanned "self discharge" without completing a form discharge assessment is not covered without provided documented extreme circumstances. By initialing below, you are acknowledging understanding of this policy and are pledging your assurance that you will make every available effort to complete your agreed upon prescribed plan of care as well as completing a formal discharge assessment upon your last scheduled appointment.

_____ _____

Patient/Caregiver Initial Date

Authorization For Use or Disclosure of Patient Photographic and/or Video Images

I authorize the use and disclosure of my name, photographic/video images, and/or testimonial for marketing proposed by Southern Physical Therapy Clinic. I understand that information disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by HIPAA privacy regulations.

_____ _____

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Discrimination is Against the Law

Southern Physical Therapy Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Southern Physical Therapy Clinic does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Southern Physical Therapy Clinic provides free aids & services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Southern Physical Therapy Clinic provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

if you need the services contact Southern Physical Therapy Clinic, compliance officer

if you believe the Southern Physical Therapy Clinic has failed to provide the services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can finally grievance with:

Southern Physical Therapy Clinic's Compliance Officer

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Email: info@southernptclinic.com

You can file a grievance in person or by mail fax or email. If you need help filing a grievance, Southern Physical Therapy Clinic's compliance officer is available to help you.

You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Access Notice:

Southern Physical Therapy Clinic, and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision.

Access features include:

- Convenient off street parking designated specifically for disabled persons
- Curb cuts and ramps between parking areas and buildings
- Fully accessible offices, meeting rooms, bathrooms, public waiting area, patient treatment areas, including examining rooms
- A full range of assistive and communication aids provided to persons with impaired hearing vision, speech, or manual skills without additional charge for aids

If you require any of the aids listed above, please let the receptionist or your therapist know.

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IMPORTANT INFORMATION REGARDING YOUR TREATMENT

Here at Southern Physical Therapy Clinic, we pride ourselves on the quality of care that we administer to our patients as well as our therapist's ability to diagnose and treat patients in a timely manner. Our therapists diligently decide the course of treatment for each patient because they know no two patients are alike. With this, they are able to determine what will help you get better in the fastest amount of time.

1. Research shows that arriving 2 to 3 times per week during your course of treatment increases your percentage of improvement to 90-95%. Showing just 1 to 2 times per week lowers the percentage down to 65%. Your consistency is absolutely vital to our success together.

2-3x/week	★ ★ ★ ★ ★	Greatest percentage of improvement (90-95%)
1-2x/week	★ ★ ★ ☆ ☆	Lower percentage of improvement (~65%)
0-1x/week	★ ☆ ☆ ☆ ☆	Minimal percentage of improvement (>25%)

2. Physical / occupational therapy is progressive. Do not expect to feel 80% to 100% better in the first 1-2 weeks. Generally, if you have a condition for more than two months it may take more time.

3. Scheduling out all of your appointments ahead of time is vital. Many of our patients want specific times and we cannot give preference to one patient over another.

4. Arrive at your appointment on time and ready to go. Without movement, the body gradually loses its ability to move due to progression of pain, weakness, and dysfunction. Without movement surgery, increased medication dosages, and additional medical conditions tend to arise. Your body is your primary investment. DO your home exercise program!

5. ***"I do not want to see a different therapist."*** Our therapists are exceptionally trained and you may be surprised by a new set of hands and/or eyes. Our team of therapists work diligently together to make sure everyone is on the same page with your plan of care.

6. ***"I'm not getting better and it has been 6 weeks."*** Our concern is your health. Unfortunately, due to prior medical conditions, surgery, environmental factors, chronic pain / dysfunction for over 2 months, multiple areas of dysfunction, etc., there are times where patients do not progress as expected. Please bring this issue to your therapist. Our team can assist you in managing your issues or concerns. Furthermore, the owner Dr. Adam Robin, PT, DPT can be called on his cellular phone (601)-569-4492 if there is a matter that is not resolved. We are very concerned about making sure that your progress is sustained as we cannot guarantee outcomes. Muscle strength management takes 3 to 6 weeks to change permanently and requires persistence and dedication on both the therapist and the patient. Quitting without saying anything and without asking for further assistance is not acceptable. We want to help, please let us know.

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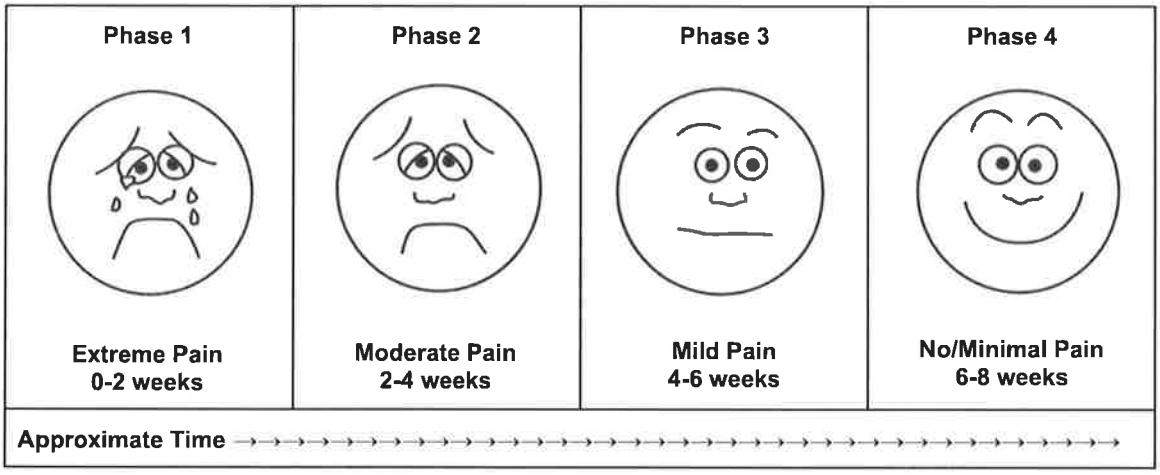
Progression of Your Care



Southern Physical Therapy Clinic Recovery

Our program is designed for you. It is important for you to fully complete the program in order for your recovery to be successful and timely. Additional exercises that the therapist assassins should be maintained and completed at home. Throughout your therapy program there are several phases to look forward to during your road to a successful recovery.

- **Phase 1: Pain Management** – Initially, our program aims to decrease your pain so that progressing into later phases of the program is easier and less stressful.

- **Phase 2: Range of Motion & Flexibility** – After managing your pain the next step is to increase your flexibility so that you are capable of completing future exercises to improve endurance. Patients completing this phase have a 50% recovery rate.

- **Phase 3: Specific Exercise Prescription** – Do not expect to progress on your own. Our program eases you into a routine to strengthen your problem area. Patients completing this phase have an 80% recovery rate. Without strength there is no permanent gain. Strength is the king!

- **Phase 4: Functional Endurance Management** – This phase is where our program comes to a complete circle. You were capable of performing close to or even better than you have in the past. Patients completing this phase have a 90-100% recovery rate. Completing phase 4 is extremely important. Since this is close to the end of your treatment, you will likely be feeling little to no pain. It is not a good idea to just stop coming in because you feel that you have had enough therapy. Both you and the therapist have worked hard to get to this point, therefore deciding not to finish the complete treatment cycle can lead to regression of your results. On your last visit, the therapist will assess your final results which will be sent to your doctor for review. Your therapist will also help you develop a personalized home exercise program for you so that you can maintain those results you have achieved in therapy.

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