



Contract for Care

Dear Patient,

Thank you for choosing Ridgefield Physical Therapy. Our staff of licensed professionals is committed to helping you reach your rehabilitation goals. Our philosophy is that your success in physical therapy is dependant on three separate but equally important parts. The first is your physician and the guidance that he or she gives you. The second is the skill and attentiveness of your therapist. The third part of the equation is you, and the level of effort and commitment that you bring to the process. To help us help you, we ask the following:

Please give at least 24 hours notice when canceling or changing an appointment. There will be a \$30 fee for all no shows and late cancellations. Your therapist reserves the right to discontinue your treatment in the event of frequent cancellations and/or no shows.

Please be on time for your appointments.

Wear clothes appropriate for exercise. We have a changing area with lockers for your convenience.

Be compliant with your home exercise program. Your therapist will likely see you only 2-3 times per week. You will need to do exercises every day and sometimes several times per day in order to make significant gains.

Maintain the frequency of your prescribed treatments. If you need to cancel an appointment, please reschedule another within the same week, so that you can maintain the gains you have made and continue to progress at an appropriate rate.

Feel free to give us input on how we can make your rehab experience better. Thank you again for trusting us with your care. We very much appreciate you selecting Ridgefield Physical Therapy. We look forward to working with you.

Yours truly,
Chuck Giordano PTMS, Owner/Director

I have read this letter and understand its content is intended to maximize my rehabilitation experience.

_____ Patient signature