

Attendance Policy

Welcome to Northwestern Medicine Rehabilitation Services. Our goal is to deliver excellent care. To get the best possible results from rehabilitation, you need to see your therapist regularly. The following attendance policy will help you succeed. Please review this document and sign below.

Our commitment to you

We schedule outpatient therapy services at set appointment times. This schedule helps ensure that you have enough time with your therapist. It also helps us make sure you will have the space and equipment you need for your therapy.

If we cannot schedule your 1st choice for treatment days or times, we can place you on a waiting list. We will contact you if that time slot opens.

You can choose to have us send you a text message to remind you about your appointments. Each message will come 24 hours before your appointment.

Your commitment to therapy

We ask that you agree to all of the following:

- **I will arrive at my therapy appointments on time.** If I am running late, I will call Rehabilitation Services at **630.933.1500 (TTY: 711)**. I understand my therapist will try to adjust if I am late. However, I may need to reschedule my appointment for another day or time.
- **If I need to cancel one of my therapy appointments for any reason, I will call the office at least 24 hours in advance.** I will be able to reschedule my canceled appointment.
- **If I cannot participate in my treatment plan, my therapist may change my plan.**
- **I understand that I need to feel well to get the best results from my therapy visit.** I should not have a fever of 100 degrees F or higher or feel ill within 24 hours of my appointment. If I do not feel well, I will call, when able, at least 24 hours before my appointment to reschedule.
- **Northwestern Medicine may cancel any future therapy appointments or change my plan of care if I have 2 incidents** when I do not communicate ahead of time about missing an appointment. This includes if I:
 - Do not show up for an appointment
 - Cancel less than 24 hours before an appointmentIf this happens, I could be discharged from therapy and may need a new physician order to return to therapy.

I understand and agree to all of the information above.

Patient/Guardian Signature: _____ **Date:** _____