

NEW PATIENT ORIENTATION- WORKER'S COMPENATION

Welcome to PRN Palomar Airport Physical Therapy. Your Doctor has prescribed physical therapy for your condition. It is important for you to understand what to expect from your treatment and what you can do to improve your chances for a successful outcome.

- Your first visit will consist of an evaluation to enable us to design a treatment program for your condition. We will explain what your evaluation findings are and review the recommended treatment program for you.
- It is very important that you keep all scheduled appointments because your treatment program will be progressive. Missed appointments may reduce your successful recovery.
- If you cancel an appointment without calling, a call will be made to your adjuster and Doctor informing them of non-compliance.
- If you miss 3 successive appointments or 3 consecutive weeks of treatment, you maybe required to return to your doctor before resuming physical therapy.
- At some time in your treatment program you will be given things to do at home. It is very important that you follow these recommendations because without your participation your recovery could be very limited.
- Always let us know what reactions you have to the treatments given to you. We may need to make adjustments to the treatment plan.
- All of our treatments are given by scheduled appointment only. If you are more than 15 minutes late we may need to alter your treatment program for the visit or reschedule your appointment for another day.
- Please inform us of each visit to the doctor that referred you to us. We will prepare a report outlining your treatment progress.
- Yu may wish to wear or bring the following types of clothing depending on your condition. Back problems: shorts or sweat pants, tee shirts, tennis shoes. Knee problems: shorts, tee shirt, and tennis shoes. Shoulder Problems: sleeveless shirts, halter-tops.
- On each visit, please wait in the waiting room until someone escorts you to your treatment area.

I have read and understand the above information.

Signature: _____ Date: _____

You will be provided with a copy for your records.