



Atw & Patient Accountability Promise

WE AT AQUATIC THERAPY AND WELLNESS:

- PROMISE TO HELP YOU REACH YOUR THERAPY GOALS
- PROMISE TO PROVIDE TIMELY QUALITY THERAPY
- PROMISE TO PROVIDE NECESSARY EDUCATION
- PROMISE TO TEACH YOU TO CARE FOR YOURSELF
- PROMISE TO REFER YOU TO OTHER MEDICAL PROFESSIONAL AS NEEDED

IN RETURN WE ASK THAT YOU:

- PROMISE TO KEEP YOUR APPOINTMENTS
- PROMISE TO PAY FOR YOUR SERVICES AT THE TIME OF EACH VISIT
- PROMISE TO PROVIDE ALL THE PERTINENT MEDICAL INFORMATION TO TREAT YOUR CONDITION
- PROMISE TO WORK DILIGENTLY WITH THE ATW STAFF TO MEET YOUR GOALS.

I UNDERSTAND THE 24-HOUR CANCELLATION POLICY AND THE \$35 FEE FOR LAST MINUTE CANCELLATION.

NO SHOW POLICY AND THE \$35 FEE AND I REALIZE THAT NOT ATTENDING WILL DETER MY PROGRESS.

THERAPIST SIGNATURE: _____

PATIENT SIGNATURE: _____

DATE: _____