

**AQUATIC THERAPY OF LOS ALAMITOS**

4220 Katella Avenue, Los Alamitos, CA 90720

Phone: 562-342-9994 Fax: 562-342-9484

**Patient Agreement**

Dear Patients:

*Please take the time to read and initial each policy. If you have any questions or concerns, please let us know.*

\_\_\_\_\_ Please call or inform the office 24 hours in advance if you need to cancel your appointment. Otherwise, there will be a Late Cancellation fee of \$40, or a No-Show fee of \$50 if the office is not notified.

\_\_\_\_\_ All fees will be due at the beginning of your session before you start therapy.

\_\_\_\_\_ Please arrive on time for your appointment. There will be no late fee, but it will shorten your therapy session.

\_\_\_\_\_ Non-slip waterproof footwear is required on the pool deck and in the shower.

\_\_\_\_\_ Face masks must be worn at all times. In the pool either a disposable surgical-type mask or a face shield may be worn.

\_\_\_\_\_ Please keep in mind that our schedule fills quickly. We will schedule you 2-3 weeks in advance to accommodate the days and times that work best for you, but we cannot guarantee your preferred time and day will always be available.

\_\_\_\_\_ Please note that we cannot schedule appointments beyond the current script or signed plan of care date. We may need to cancel or reschedule appointments to a later date if one is not received in a timely manner from your healthcare provider.

\_\_\_\_\_ Please note that your scheduled therapist may change due to the needs of the clinic.

*Thank you for choosing Aquatic Therapy of Los Alamitos for your physical therapy. We look forward to working with you.*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*