



Acknowledgement of Policies

Thank you for the opportunity to assist you in reaching your physical therapy and/or fitness goals. I sincerely want to help you and I can't wait to get started working with you. Please know I respect your schedule so please be prepared to start at your designated appointment time. Feel free to come in a little early if you need to change your clothes and for administrative tasks.

Achieve More Physical Therapy, PLLC requires 24 hour advance notice for any cancellation. Kindly call us at 585 406-0526 as soon as you know you cannot make your visit. We will make every attempt to re-schedule you as soon as possible.

Please know that it is necessary that you attend all of your scheduled appointments to achieve the best outcome possible from physical therapy or personal training. Often sessions should be scheduled at least 2x/week to feel the benefits in a timely way. I can help you establish a home program to assist in this respect if you wish. Please let me know.

I, _____ have read the above stated policy and Welcome Letter. I understand their contents and agree to abide by them. I have completed the Health and Medical Questionnaire (please NO SS#) with accurate information to the best of my knowledge. I agree to be responsible and accountable for my health and the expectations expressed above.

Printed patient name

Patient signature

Date