

SYNERGY PT & ATHLETIC PERFORMANCE

16412 JEFFERSON DAVIS HWY
SOUTH CHESTERFIELD, VA 23834
P: (804) 520-7779
F: (866) 866-463-3047

For all Workers' Compensation clients:

To avoid any misunderstandings, please read and review the following:

1. All appointments that you cancel, you change, or you fail to show up for are reported to your case manager.
2. If you are late to your appointment without calling we reserve the right to reschedule your appointment. Also, if you are more than 15 minutes late without calling, your appointment **will** be rescheduled.
3. Please return all phone calls from Synergy PT.
4. Make sure you have appointments scheduled weekly.
5. Your therapy notes are supplied to your case manager on a regular basis to update them on your progress.

We look forward to helping you return to your pre-injury level of activity. If you have any questions, please feel free to ask your therapist. Please sign below to show that you are aware of these guidelines.

Signature: _____ Date: _____

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Consent for Treatment

I _____, hereby give permission to the treating staff of **Synergy PT and Athletic Performance** to perform physical therapy treatment for the condition I have been referred/the condition for which I seek treatment. This includes physical palpation and hands-on manual physical therapy. I understand that the treatment staff's clinical decision making will be explained to me and will be in accord to the established guidelines for physical therapy treatment by the VA Board of Health Professions and the American Physical Therapy Association. I also understand that it is my right as a patient to refuse any portion of my treatment and to ask questions, but realize that treatment may not be rendered if my refusal puts myself at risk or will negatively affect my physical therapy treatment.

Signature: _____ Date: _____