

AQUATIC THERAPY OF LOS ALAMITOS
4220 Katella Avenue, Los Alamitos, CA 90720
Phone: 562.342.9994 Fax: 562.342.9484

Patient Agreement

Dear Patients,

Thank you for your enthusiasm and support while we continue to grow as a new business. In order to best serve you, we have established new policies designed to give each patient the fair amount of time with the therapist.

Please select **ONE** of the following options for appointment reminders. Appointment reminders will be sent out 24 hours before your appointment.

☐ Phone Call ☐ Text Message ☐ Email ☐ None

Phone #: _____

Email : _____

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

☐ Please call or let the office/therapists know 24 hours in advance if you need to cancel your appointment. There will be a late cancellation fee of \$30 (if cancelled the same day) and a No Show fee of \$40.

☐ Please arrive on time for your appointment. There will be no late fee, but it will cut into your therapy time.

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

☐ Non slip footwear is required on the pool deck.

☐ Please note that our schedule is filling up quickly. We will schedule you 2 weeks in advance to accommodate the days and times that will work best for you, but we cannot guarantee your preferred time and day will always be available.

Thank you again for your continued support. We look forward to working with you.

Printed Name

Signature

Date