

Health Sphere Wellness Center Therapy Agreement

\_\_\_\_\_ I value my child's physical therapy services and understand that my child is benefiting from services that will advance their development that many other children are unable to receive due to lack of Pediatric Physical Therapists in Middle Tennessee.

\_\_\_\_\_ I understand that Health Sphere Wellness Center Physical Therapists are making it convenient to me by driving to my home location out of their own funding, and can only come to my home address at certain times due to scheduling of other children.

\_\_\_\_\_ I understand I also have the option of treatment at one of Health Sphere Wellness Center's locations.

\_\_\_\_\_ I understand the need for flexibility in scheduling because of the fragile nature of the patients. A window of time is allowed because of the driving, weather, traffic and schedule changes if a baby has to go to the hospital or very ill.

\_\_\_\_\_ If I need to cancel an appointment, I will inform Health Sphere Wellness Center of my cancellation a minimum of 24 hours in advance.

\_\_\_\_\_ I understand that if my child misses therapy services more than one time a month, TEIS will be contacted to discuss adjusting therapy services to better meet the needs of my child.

***You and your child are important to us. We want you to advance beyond your goals!  
Thank you for understanding how together we can make this happen, and how we can best treat all children of Middle Tennessee***

\_\_\_\_\_

*Parent or Legal Guardian*

*Date*

\_\_\_\_\_

*Physical Therapist*

*Date*