

## **Gore Therapy Center Attendance Policy**

**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### **REGULAR ATTENDANCE - 80% Attendance is required**

If attendance falls below 80% for any reason, it may be necessary to decrease or discontinue services. If the current schedule is not working for you, please discuss scheduling options with the front desk. We will make every effort to accommodate your schedule.

**Initials:** \_\_\_\_\_

### **CANCELLATIONS - 24 hour notification is required**

Cancellations must be made at least 24 hours in advance of your appointment. If you are able to reschedule the appointment for another day, then the cancellation will not count against your attendance, but no reschedule is guaranteed, it is based on availability. If your child is sick, you must notify the clinic by 9:00 AM on the day of your appointment. If you plan to have an extended absence, please notify the clinic two weeks in advance of your scheduled absence.

**Initials:** \_\_\_\_\_

### **NO SHOWS - Two No Shows in 60 days = Discontinuation of services**

If you cannot make an appointment and fail to notify the clinic 24 hours before your scheduled appointment, it will be counted as a NO SHOW. If you have 2 no shows within 60 days, therapy services will be discontinued. You may be offered a floating therapy appointment or returned to the end of the wait list at the discretion of the front desk.

**Initials:** \_\_\_\_\_

We have a waiting list to receive services, so if you do not attend an appointment another child is missing out on an opportunity for services. Also, your child's therapist plans in advance for that visit, so when possible, advance notice of cancellations is requested. We look forward to working with your child. Please talk to the front desk about any questions or concerns.

I, \_\_\_\_\_, have carefully read, understand and will comply with the above Attendance Policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Client     Parent     Legal Guardian

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