

APPOINTMENT CHANGE OF SCHEDULE REQUEST FORM

DATE OF REQUEST: _____

PATIENT NAME: _____

HOW WOULD YOU LIKE TO BE NOTIFIED OF SCHEDULE ALTERNATIVE?

- Email _____
- Phone _____

PLEASE MARK BELOW WHICH DISCIPLINES YOU ARE REQUESTING A SCHEDULE CHANGE

- PHYSICAL THERAPY
- OCCUPATIONAL THERAPY
- SPEECH THERAPY

MONDAY:

- unavailable
- available before _____
- available after _____

TUESDAY

- unavailable
- available before _____
- available after _____

WEDNESDAY

- unavailable
- available before _____
- available after _____

THURSDAY

- unavailable
- available before _____
- available after _____

FRIDAY

- unavailable
- available before _____
- available after _____

Special Requests

- Therapist: Requesting to work with _____
- If applicable:* Would like different disciplines to be scheduled on different days
- If applicable:* Would like disciplines to be scheduled back-to-back

PMC WILL RESPOND TO ALL PATIENT APPOINTMENT REQUEST CHANGES WITHIN 5 BUSINESS DAYS

*Please note that the Pediatric Movement Center makes every effort to accommodate our patients when able. However, due to the busy nature of our medical practice, requests to schedule changes may not be possible. Appointment day/time changes may require a different therapist(s)