Welcome to [Practice Name] Pediatric Physical Therapy

Dear [Parent/Guardian Name] and [Patient Name],

Welcome to our practice! We are excited to partner with you and your child on their journey toward improved movement, strength, and independence. Our goal is to provide a fun, supportive, and effective environment tailored to your child's unique needs.

Your First Appointment

During the initial evaluation, we will review your child's medical history, perform a physical assessment, and discuss your specific goals. Please arrive 15 minutes early to complete any remaining paperwork.

Date: [Date]
Time: [Time]
Location: [Office Address]

What to Bring

- Completed intake forms
- Your child's insurance card and ID
- Referral or prescription from your pediatrician
- Any recent IEP, 504 plan, or surgical reports

What to Wear

Please ensure your child wears comfortable, loose-fitting clothing (such as a t-shirt and shorts) and sneakers to allow for easy movement during the session.

Cancellation Policy

If you need to reschedule, please provide at least [Number] hours' notice so we may offer the time slot to another child. Late cancellations may result in a fee of [Amount].

We look forward to meeting you and helping your child reach their full potential!

Sincerely,

[Therapist Name], PT, DPT
[Practice Name]

[Phone Number]
[Email Address]