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Patient Information Sheet

the Virginia G. Piper Cancer Center at Scottsdale Healthcare hereby at ema therapist with the following: Take photographs of me for identification purposes.	Yes	ze the
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ake photographs of me for identification purposes.		
	No	
2. Take photographs of appropriate parts of my body in order to provide	Yes	
	No	
3. Contact my referring medical doctor if needed.	Yes	
	No	
to my success in meeting my rehabilitation goals. If I miss three or eduled therapy visits, I understand that my referring physician will	Yes No	_ O
If you have an arm lymphedema, the therapist will need to work on the chest area in order to provide effective care. Are you willing to consent to the treatment of your chest area?	Yes	
	No	
	N/A	
re a leg lymphedema, the therapist will need to work on the upper	Yes	
medial thigh and buttock area in order to provide effective care. Are you willing to consent to the treatment of these areas?	No	
	N/A	
gnature: Date:		
	and that attending my scheduled appointments on a consistent basis to my success in meeting my rehabilitation goals. If I miss three or eduled therapy visits, I understand that my referring physician will ed and I may be discharged from therapy. We an arm lymphedema, the therapist will need to work on the chest of your chest area? We a leg lymphedema, the therapist will need to work on the upper high and buttock area in order to provide effective care. Are you consent to the treatment of these areas?	and that attending my scheduled appointments on a consistent basis to my success in meeting my rehabilitation goals. If I miss three or eduled therapy visits, I understand that my referring physician will and I may be discharged from therapy. We an arm lymphedema, the therapist will need to work on the chest of your chest area? We a leg lymphedema, the therapist will need to work on the upper ligh and buttock area in order to provide effective care. Are you consent to the treatment of these areas?