

Consent to Therapy Services

Dear	(caregiver/ guardian),		
home and in the community the therapy session the messages/phone calls	will be assisting (clients name) with munity. As part of our duty of care, hat the session will take place. How to confirm appointments. Please re t section according to your wishes.	we have up until now inform ever, we now plan to reduce	ned all carers/ guardians prior to the need for weekly text
Pathology/Occupation Mon/Tues/Weds/The	(name) agree that onal Therapy/Psychology sessions urs/Fri atAM/PM, nonths. I also agree to inform (client	will be conducted with commencing on the	on for the period
unless a minimum of	essions may be cancelled by the the 48 hours' notice is given by me or the e on the agreed day and time.	·	_
OR			
would like to continue I agree to provide a n	(name) do not agree to t e receiving a text message or phone ninimum of 48 hours' notice to (clie nat sessions may also by cancelled b	e call to confirm each appoint ents name) therapist if they v	tment. will not be available on a particular
	e to contact your therapist, (name) , s name) goals and/or progress. Pleas or a discussion held		
Kind regards, Down South Therapy E: your email @down:	souththerapy.com.au		