

Physical Medicine & Rehabilitation Department Expectation of Care

Welcome to our practice. We are dedicated to interdisciplinary, ethical care of patients with a wide array of musculoskeletal conditions regardless of race, color, religion, gender, age, or national origin. To ensure that this clinic meets the needs of all of our patients, the patient and physician should agree on the expectations of care. With this understanding, our PMR physicians want you to know and understand:

1. After reading this Expectation of Care document, we ask that you sign it below, indicating that you will abide by the outlined expectations.
2. Taking personal responsibility for your healthcare as it relates to your orthopaedic condition is paramount to the healing of your injury, your rehabilitation and recovery. Your full participation in all aspects of your care is vital.
3. You will receive a packet of New Patient Registration forms at your first visit to our department. You are required to fill this paperwork out in its entirety before your first visit. If you do not, you may not be seen at that time.
4. Once your treatment plan has been determined and agreed on by you and your PMR treatment team, you will be expected to follow it in its entirety. This global treatment plan may, and often does, involve physical therapy, oral or topical medications, bracing, injections and/or surgical procedures. You have the right to refuse treatment at any time. If you choose to refuse treatment, this may result in your care being referred back to your referring physician.
5. All medical issues regarding your chronic pain or musculoskeletal condition should be discussed in person with your Bayside PMR physician, not by phone or email. This may require a phone call to the office to set up an appointment to come in and meet with your physician. If you are experiencing a true medical emergency, you should make your way to the closest Emergency Room or Urgent Care facility.
6. Medication specific issues are dealt with in the PMR Medication Agreement. This is an integral part of our Expectation of Care, and should be read and signed separately.
7. Dr. Rainer would like to communicate important information to your primary care physician. Please let us know if you change primary care physicians.

I HAVE READ THIS DOCUMENT, MY QUESTIONS HAVE BEEN ANSWERED, AND I AGREE TO ABIDE BY THE EXPECTATIONS OF CARE AS OUTLINED.

Patient Signature _____

Date _____

Physician Signature _____

Chart # _____