



SCHEDULE CHANGE REQUEST

Patient Name:			
Today's Date:			
Current session(s) requesting to change:			
Effective Date:			
Remove current appointments from effective date until we can accommodate?	YES / NO		

NEW AVAILABILITY (Provide as much availability as possible to avoid long wait)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Ex: between 2-6pm	Ex: 11am or later			

COMMENTS/REQUESTS (Request for specific therapist will increase wait time)

Without at least a 48 hour notice, cancellation fees may apply if you are unable to continue the current schedule until we are able to accommodate your request. If we are unable to accommodate your request by the effective date provided, we will place the patient on the waitlist.

Signature: _____ Date: _____