

## **Intensive Therapy Center (ITC) – at Nocatee**

### **Treatment Agreement Letter**

Thank you for your interest in our intensive therapy program. We ask that you submit the application for your preferred program choice, as well as all supporting documentation. Fax or mail it to the contact information below.

Fax:                Wolfson Rehabilitation Intensive Therapy Center  
                         904.215.5640

A hip x-ray is required and must be completed and provided within 6 months of commencement of the TheraSuit® program.

Address:          Wolfson Rehabilitation Intensive Therapy Center (ITC)  
                         400 Colonnade Drive, Suite 110  
                         Ponte Vedra, FL 32081

Upon receiving completed application and supporting documentation, your submissions will be clinically reviewed. You will be contacted regarding admission status and subsequent scheduling processes. Please feel free to contact this office, at 904.516.1818 with any questions.

Please read the below statements and check the boxes to agree:

- I have read and agree with all policies and practices as they relate to the Intensive therapy program
- I commit to attending for the entire duration that is agreed upon at the evaluation and will do my best to complete the required home activities.
- If for any reason, I am not able to continue with the agreed upon sessions, I will contact the office immediately. I understand that this will result in cancelling all sessions for the current episode of care and my child will therefore need to be rescheduled to a later date.
- I attest that all information provided is valid and true.

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Parent/Caregiver Signature

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Date