

OPTIMUM THERAPIES, LLC

Job Shadow / Observation Guidelines & Request Form

We expect all who wish to shadow our therapists to follow the guidelines set below. These guidelines have been established to provide professional, quality, personalized care to our patients, community and referring physicians.

How to request observation/shadowing with a therapist:

- Complete items below and email to: frontoffice@optimumtherapies.com
- Optimum Therapies will email or phone you confirmation of the day and time to observe.
- Arrive on time.
- Inform the receptionist who you are and that you are here to observe from (time) to (time) today.
- You will be given a tour of our facility and introduced to therapist and others.
- We do not guarantee observation hours to be fulfilled at our clinic(s) or that paperwork can be completed.

First Name:	Last Name:	
Phone #:	Email:	
Specific date needed for initial observation:	Specific start & end time on that day:	
Office location to shadow in: <input type="checkbox"/> Eau Claire <input type="checkbox"/> Menomonie		
Will you need forms completed or letters of recommendation? <input type="checkbox"/> YES <input type="checkbox"/> NO (Bring any forms to be completed with you to the first meeting.)		
Reason for observation:		
Your goals from observation:		
Area of physical therapy you are interested in:		

Dress Code: Collared shirts, sweaters, dress pants, Dockers, knee length or longer skirts, dress shoes, socks or nylons – ABSOLUTELY NO jeans, t-shirts, sweatshirts, flip flops or tennis shoes

Rules:

- Personal belongings will remain in waiting room or staff break-room.
- While interacting with the patient, focus on condition and treatment. Please hold non-related questions for a time when the therapist is not treating the patient.
- No food or drink in the clinic or in front of patients.
- Remember patient confidentiality; what you see/hear related to patients remains in the clinic.
- Future/subsequent observation hour requests to be emailed to frontoffice@optimumtherapies.com.

Confidentiality Agreements: As a student observer you may/will be exposed to confidential patient and clinic information. By signing below, you agree to keep all information and people you may see or observe in the clinic confidential. Questions or concerns about this can be directed to the office manager or the therapist you are working with. Thank you.

Signature

Date