

**McLaren Neurologic Rehabilitation Institute**  
4466 W. Bristol Road, Flint, MI 49507 - 810-342-4220  
**Client Orientation**

1. After your evaluation, a **treatment plan** will be developed with your input.
2. You will be provided with a copy of your **individual therapy schedule** when you begin the program.
3. You will be assigned a team leader when you begin treatment. Your team leader is: \_\_\_\_\_
4. **You can expect that:**
  - You will be treated with respect and dignity (Patient Rights)
  - You will have input into your treatment at the time of your evaluation and throughout your stay.
  - You will be informed about your treatment, in language you understand, by way of:
    - \* Orientation
    - \* Educational Materials
    - \* Support Group
    - \* Progress Reviews and Conferences
  - You can expect courteous and friendly staff and a clean, safe, environment
  - You can expect to be treated in a highly ethical manner. If you do not receive this kind of service, please notify your team leader.
5. **Your satisfaction counts.** We want to know about any concerns during your treatment stay so that we can help resolve them.
6. **Monthly Support Groups** are available for education and meeting other families for mutual support.
7. **Things to know:**
  - You are responsible to provide information regarding your previous treatment and current lifestyle, and to cooperate with practitioners.
  - We recommend comfortable clothing.
  - You are responsible for administering your own medication, if needed, while you are at the program. Medications must be stored in a labeled container, with the dosage of that day.
  - You are expected to sign into the program each day.
  - If you require a snack due to medical condition during your treatment, be sure to bring it with you.
  - Please turn off all electronic devices during your therapy.
  - Written permission required by client and McLaren to videotape or photograph therapy session.
  - No firearms, knives, weapons, objects that could be considered a weapon, or chemical sprays are allowed on premises (both legal and illegal).
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8. **You are expected to attend all scheduled therapy sessions.** If you cannot make a scheduled session due to illness or conflicting appointment, you must call the Program Office notifying them prior to the appointment at **(810) 342-4220**, 24 hours/day. We will reschedule missed appointments with you.
9. **Your length of stay** is a joint decision made by your physician, the treatment team, your family and you. You will take an active part in discharge planning decisions. At your evaluation, rehab goals are set with your approval. Goals are regularly reviewed and updated, and you may ask to review them at any time. Your discharge from each service is based on meeting these goals or your inability to make progress toward these goals.

I have reviewed this information:

Client/Family	____ / ____ / ____ Date
Staff	____ / ____ / ____ Date



PT.  
  
MR.#/RM.  
  
DR.