

Have you been under drug and medical care? \_\_\_\_\_  
 If so, what side effects have you experienced from the drugs? \_\_\_\_\_  
 What medications are you presently taking? \_\_\_\_\_

Is there a family history of:	Heart Disease	Arthritis	Cancer	Diabetes
Father's side	_____	_____	_____	_____
Mother's side	_____	_____	_____	_____

Please read the following carefully, then sign and date. Thank you.

**Payment Policy**

- 1) Payment will be made at the time services are rendered.
- 2) We do not accept assignment on third party payment. We ask for payment to be made by the patient and reimbursement from insurance companies to be made directly to the patient.
- 3) As a service to you, we are pleased to assist you in filling out any primary health care insurance forms. We give the insurance claim forms to you so you can mail them to your Insurance Company for direct reimbursement.  
 \*Exception: Medicare. Patient will pay at time services are rendered. We will then file Medicare electronically for direct reimbursement to the patient.
- 4) Secondary and supplemental insurance claims are the responsibility of the patient. We will of course provide you with the information necessary to file those claims.
- 5) Payment is made for services rendered at the time of service, unless prior arrangements are made with this office. We do provide Special Health Maintenance Plans and individual plans for families with special financial needs. Should you require further information, please do not hesitate to speak with us.

**Terms of Acceptance**

Dear New Patient,

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

**ADJUSTMENT:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

**HEALTH:** A state of optimal physical, mental and social well-being, not merely the absence of infirmity.

**VERTEBRAL SUBLUXATION:** A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation.

However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

Sincerely,

**Questions:**

Do not hesitate to ask questions, we want you to be informed. Just as in a good marriage, proper communications is an absolute necessity. Our primary concern is to help you attain your optimum health.

**Acknowledgment:**

I have read and fully understand the above statements and terms of payment. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Guardian or Spouse's  
 Signature Authorizing Care \_\_\_\_\_ Date \_\_\_\_\_