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ABSOLUTE CHIROPRACTIC

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# Welcome to Our Office

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## Outline of Procedures for New Patients

### Step One

All new patients are required to fill out a confidential "*Personal History*".

### Step Two

Your "*Initial Consultation*" with the doctor will take place to discuss your health concerns.

### Step Three

You will receive a "*Chiropractic Examination*" to determine if chiropractic care is appropriate for your condition.

### Step Four

In most cases unless there are any contraindications or additional tests required "*first day of Chiropractic Procedures*" will be administered.

### Step Five

You will be advised as to a time you can return for your "*Report of Findings*" at which point your doctor will review your clinical findings from your "*Initial Consultation*". You will be given an opportunity to ask any questions or discuss any concerns you may have about your condition.

### Step Six

Chiropractic care will begin and continue as scheduled until your condition has been fully corrected, or until *maximum possible improvement has been achieved*.

# WELCOME TO ABSOLUTE CHIROPRACTIC

## PATIENT FEE INFORMATION

### INITIAL VISIT

(CONSULTATION, EXAMINATION, AND TREATMENT IF NO CONTRAINDICATIONS)

ALL AGES

**\$80.00**

### SUBSEQUENT VISITS

ADULT, STUDENT, CHILD

**\$45.00**

SENIOR  
(65+)

**\$40.00**

### PAYMENT POLICY

- PRE-PAYMENT PLANS ARE AVAILABLE TO MAXIMIZE SAVINGS.
- OTHERWISE, PAYMENT IS DUE EACH VISIT.
- ARRANGEMENTS CAN BE MADE TO PAY WEEKLY.
- METHODS OF PAYMENT INCLUDE: CASH, VISA, MASTERCARD OR INTERAC.
- IF YOU HAVE ANY CONCERNS OR QUESTIONS REGARDING OUR PAYMENT POLICIES, PLEASE DISCUSS THEM WITH US AT THIS TIME.

#### I ACKNOWLEDGE AND UNDERSTAND

- THE ABOVE TERMS AND CONDITIONS AND AGREE TO THE PAYMENT POLICIES.**
- I CONSENT TO PROCEEDING WITH THE CHIROPRACTIC EXAMINATION.**

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATED

*To save time and allow us to better serve you, please complete all the questions on the next few pages. Thank you.*