



Welcome to Our Office

Outline of Procedures for New Patients

Step One

All new patients are requested to fill out a confidential "*Patient Health Record*".

Step Two

Your first "*Consultation*" with the doctor to discuss your health problems

Step Three

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

Step Four

An in-depth, technologically-advanced assessment of your nerve and energy system will be performed to determine how well your brain is communicating with your body. Any interference to this communication will be measured by *surface electromyography* which studies *muscle function*. As well, if indicated *x-rays* will be taken to visualize the location of spinal problems.

Step Five

If your case requires immediate attention, *first day of Chiropractic procedures* will be administered.

Step Six

You will be advised as to a time you can return for your "*Report of Findings*" when your doctor will inform you as to your examination results and whether or not your case has been accepted. If accepted, your recommended treatment program will be explained to you. You will also be advised concerning financial arrangements and insurance coverage as appropriate.

Step Seven

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

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

WELCOME TO **ABSOLUTE CHIROPRACTIC**
PATIENT FEE INFORMATION

INITIAL VISIT

(CONSULTATION, EXAMINATION, SEMG SCAN, REPORT OF FINDINGS)

ALL AGES

\$80.00

SUBSEQUENT VISITS

ADULT, STUDENT, CHILD:

\$38.00

SENIOR:

\$30.00

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, CHEQUE, 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 THE ABOVE TERMS AND CONDITIONS AND AGREE TO THE PAYMENT POLICIES.

SIGNED

DATED