



WELCOME TO THE BEGINNING OF OPTIMAL HEALTH!

would like to thank you for choosing us to partner with you as you embark on your journey towards optimal health!

In order for us to begin designing your personalized treatment plan, we need to know a little more about you. There are several forms that must be completed and submitted a **minimum of three (3) business days** prior to your new patient appointment.

Please read the following frequently asked questions. Initial after each question.

What do I need to complete or bring to my new patient appointment? _____ (initial)

1. Health History Questionnaire, if I haven't already submitted electronically
2. This form - completed and signed
3. Completed Functional Assessment Questionnaire (FAQ), if I haven't already submitted electronically
4. Lab records from the past two (2) years
5. Notebook to take any personal notes or questions to ask your Doctor or TWW Health Restoration Coach

How long will my first appointment last? _____ (initial)

- Anywhere from 30 minutes to two (2) hours depending on the patient. This allows for a thorough review of your history; a physical examination; and any lab testing deemed necessary. We also allow ample time for you to ask questions.

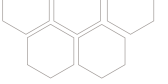
Will I be changing rooms to see other Doctors/TWW Health Restoration Coaches in the office? _____ (initial)

- Potentially. Some new patient evaluations involve several Doctors/TWW Health Restoration Coaches.

Are my appointment charges billable to insurance? _____ (initial)

- Some of the charges, such as chiropractic exams, x-rays, and manipulations (aka adjustments), may be billable to insurance depending on your individual policy coverage. It is your responsibility (the patient's) to contact your insurance company to verify what coverage you may have. Please confirm with your specific clinic and Doctor if chiropractic charges can be submitted to your insurance company upon your request. You are ultimately responsible for all charges in full, which may include deductible charges, coinsurance, copays, and/or patient responsibility portions. Upon request, we can also provide a super bill that you can submit to your insurance with any billable charges. For patients with Medicare or state specific insurance, please check with your doctor to verify billing capabilities.

Our wellness consulting services, including our consultations, testing recommendations, and supplement recommendations are not designed to diagnose or treat any disease. Instead, they are intended to assist you in understanding your body's individual functioning and to support your body's systems. Because we are not diagnosing or treating a disease, these services are not billable for insurance reimbursement. Accordingly, these wellness programs are not billable to insurance policies.



What about Wellness Way consultations? How are those billed? _____ (initial)

- Our wellness consulting services, including our consultations, testing recommendations, and supplement recommendations are not designed to diagnose or treat any disease. Instead, they are intended to assist you in understanding your body's individual functioning and to support your body's systems. Because we are not diagnosing or treating a disease, these services are not billable for insurance reimbursement. Accordingly, these wellness programs are not covered by or billable to insurance policies.

Will there be a potential for lab work and if so, how are labs billed? _____ (initial)

- Lab work results are very important and will typically assist the Doctor or TWW Health Restoration Coach in determining the plan of care. If prior lab work has not been completed, our Doctors or TWW Health Restoration Coaches may recommend lab testing at your first appointment. This typically involves blood work or test kits.
- If labs are necessary, testing options will be discussed at your appointment.
- Wellness labs are not billable to insurance.

Non-Chiropractic Appointment Cancellation Policy Agreement _____ (initial)

- The Wellness Way is committed to providing exceptional care. Unfortunately, when one patient cancels without giving enough notice, they prevent another patient from being seen.

• Please call us at _____ by 2:00 pm two days prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 2:00 p.m. on Friday. If prior notification is not given, you will be charged \$200 for the missed appointment and you authorize us to charge your credit card for the missed appointment fee.

What is your refund policy? _____ (initial)

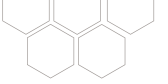
- All sales are final. Returns or refunds on supplements will not be accepted due to quality control. Other non-refundable items would include but are not be limited to; merchandise, lab testing, therapy equipment, chiropractic services and consult services that have already been rendered.

What happens after my new patient appointment? _____ (initial)

- We will schedule your next visit before you leave; Plan of Care and Test Result Visit. At this visit, your Doctor or TWW Health Restoration Coach will review your test results and discuss your recommended plan of care.
- Financial aspects and discounted plans will be reviewed with you at this time.

I'm only here to get adjusted. What happens next? _____ (initial)

- Based on your health history and current concern, X-rays may need to be completed as well as orthopedic testing. After the initial appointments, you will receive a film report. The doctor's report will include information about your x-rays and a recommended chiropractic plan of care. Adjustments will begin within the first few appointments. At this point, if you would like, you can speak with a staff member about chiropractic care plans.



I'm not sure about getting chiropractic treatment. What does that mean for me? _____ (initial)

• Chiropractic care plays an important role in the overall function of the body. However, we understand that not everyone is seeking chiropractic care with The Wellness Way or maybe you aren't local. Within these forms, you'll find specific chiropractic treatment acknowledgments. Even if you're not here to get adjusted, we require acknowledgment from our patients that they understand the chiropractic treatment piece of the puzzle. If you ever change your mind about getting adjusted, the paperwork is out of the way!

I reside outside of the United States. What does that mean for me? _____ (initial)

• There are some limitations when it comes to testing and supplementation outside of the United States. Each country has their own shipping regulations, documentation, and label requirements for supplementation. We are not able to ship our Wellness Way supplements outside of the U.S. at this time. We understand the need and it is our goal to develop logistics, so we have the capability to abide by all international regulations. Testing limitations will vary between countries. We can ensure that we will do our best to work with you to find the best route so that you can still receive the same world-class standard of care.

Will I need supplements, and if so, how long will I have to be on these supplements? _____ (initial)

• Most patients with nutritional health concerns will have supplements recommended. Each supplement is chosen for the patient for a specific reason based upon the health history described to the Doctor or TWW Health Restoration Coach, as well as the results of any lab testing. The Doctor or TWW Health Restoration Coach will be able to answer questions about the supplements recommended for you.

• The intent is always for the patient to eventually lessen the number and/or dosage of supplements, but the timeline for this is different for each patient and is based upon the improvement of the patient's symptoms over time. Often improvements are seen by 3-6 months and again at 9-12 months, however, results may take longer if patient fails to implement the lifestyle recommendations. Due to quality control, all supplements are non-refundable.

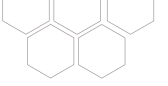
NUTRITIONAL INFORMED CONSENT

- According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: *"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of Disease."*
- A dietary supplement is not a drug, NEITHER is a mineral, trace element, amino acid, herb, or homeopathic remedy.
- Although a dietary supplement, a mineral, trace element, amino acid, or herb may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.
- Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and or therapy for any disease or particular bodily symptom.
- Nutritional counseling, dietary supplement/vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and bio-mechanical processes of the human body.

I have read and understand the above information:

Signature

Date



TERMS OF ACKNOWLEDGEMENT

When a person seeks chiropractic care and we accept a person for such care it is essential for both to be working towards the same objective. Chiropractic has only one goal: to locate, analyze and correct vertebral subluxation by specific adjustments. It is important that each person understand both the objective and the method that will be used to attain it. This will prevent confusion.

Adjustment: A specific application of forces to facilitate the body's correction of the 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 vertebrae in the spine resulting in nerve dysfunction, resulting in the lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease other than the vertebral subluxation. However, if we encounter non-chiropractic or unusual findings we will advise you. If you desire advice, diagnoses or treatment for those findings we recommend that you seek another healthcare provider.

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 locate, analyze and correct vertebral subluxation by specific adjustments.

I, _____ have read and fully understand the above statements.
(Print name)

All questions regarding the chiropractor's objective to my care in this office have been answered to my complete satisfaction. I therefore accept care on this basis.

Signature: _____ **Date:** _____

CONSENT TO EVALUATE AND ADJUST A MINOR CHILD

I, _____ being the parent or legal guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive Chiropractic care. If you agree, sign below.

Signature: _____ **Date:** _____

PREGNANCY RELEASE

SECTION REQUIRED FOR ALL FEMALES

This is to certify that to the best of my knowledge I am not pregnant and the doctors and staff of _____ have my permission to perform x-ray(s). I have been advised that x-rays can be hazardous to an unborn child.

Date of last menstrual period: _____

Signature: _____ **Date:** _____



INFORMED CONSENT TO CHIROPRACTIC TREATMENT

The Nature of Chiropractic Treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop” similar to the noise produced when a knuckle is “cracked,” and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation or traction may also be used.

Possible Risks: As with any health care procedures, complications are possible following a chiropractic manipulation. Complications could conceivably include fracture of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation or other minor complications. There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote.

Probability of Risks Occurring: The risks of complications due to chiropractic treatment have been described as “rare” to “extremely rare”, statistically less often than complications from taking a single aspirin tablet.

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

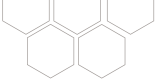
Unusual Risks: I have had the following unusual risks of my case explained to me:

I have read the above explanation of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed Name

Signature

Date



PATIENT HEALTH INFORMATION CONSENT FORM

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. Before we will begin any health care operations we require you to read and sign this consent form stating that you understand and agree with how your records will be used.

1. The patient understands and agrees to allow this office to use their PHI for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree with those restrictions.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the Doctor or TWW Health Restoration Coach has the right to refuse to give care.
8. The patient gives consent that their lab results will be electronically available to them when received.

IDENTIFICATION OF PERSONS WITH AUTHORIZATION OF ACCESS TO PATIENT HEALTH INFORMATION

Those individuals or parties that could have access to Patient Health Information at include but may not be limited to the staff and contractors of The Wellness Way and the staff and contractors of The Wellness Way Clinics.

Please provide the necessary health care providers or persons who may need to be consulted if related to the patient's condition. They include:

1. _____
2. _____
3. _____
4. _____

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Signature of Patient: _____ **Date:** _____