



Welcome to Chiropractic 4Kids & Families! We are honored that you have chosen our office. We are here to help and to educate. Our goal is to help you and your family understand and honor your bodies better and be happier and healthier.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

E- Mail \_\_\_\_\_

Who was the nice person that referred you? \_\_\_\_\_

Names of spouse/children and health status \_\_\_\_\_

Are you concerned about the health of any family members? \_\_\_\_\_ If so, who and why? \_\_\_\_\_

How many members of your family have seen a chiropractor? \_\_\_\_\_

What have you heard about chiropractic care? \_\_\_\_\_

Your prior chiropractor and address: \_\_\_\_\_

Chiropractic techniques you've had success with: \_\_\_\_\_

Last time you went to previous chiropractor: \_\_\_\_\_

Do you know what a subluxation is? If yes, please describe \_\_\_\_\_

**What is the main reason you came to see us?** \_\_\_\_\_

When did you first notice this problem? \_\_\_\_\_

Is it getting worse? Yes \_\_\_\_\_ No \_\_\_\_\_ Hard to Say \_\_\_\_\_

When does this bother you most? \_\_\_\_\_ Work \_\_\_\_\_ Sleeping \_\_\_\_\_ Walking \_\_\_\_\_ Sitting \_\_\_\_\_

45 W Main Street Court, Alpine, UT 84004  
mychiro4kids.com  
801.492.0206

Is this condition due to a car accident? \_\_\_\_\_ Other accident? \_\_\_\_\_ Date and severity \_\_\_\_\_

What other treatment or doctors have you tried or consulted for this condition? \_\_\_\_\_

Rate your current level of stress (1-10) \_\_\_\_\_ If high, why? \_\_\_\_\_

Are you into "quick fixes" or more into natural remedies and solutions? \_\_\_\_\_

Surgeries or broken bones (date/type) \_\_\_\_\_

Medicines you take now and for what reason \_\_\_\_\_

General Health Status (1-10) \_\_\_\_\_ How would you rate your daily nutrition choices (1-10)? \_\_\_\_\_

Other Health Challenges \_\_\_\_\_

How many times per week do you exercise? \_\_\_\_\_

When was the last time you felt fantastic? \_\_\_\_\_

Included in the new patient fee are our weekly Spinal Workshops. We feel that the education of each patient is as important as the adjustment. We discuss a variety of important health related topics. The list and sign up sheet is at the front desk and a member of our team will look at it with you to help you choose those most important to you. We look forward to meeting your spouse/family as you learn together. Many of the workshops are interactive and partners are needed to learn exercises/trigger points, etc. together.

**The above information is true and accurate to the best of my knowledge. My reason for consultation with the doctor is for evaluation of my physical health and the potential for improvement.**

**Patient or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Doctor Comments:**

We at **Chiropractic4Kids&Families** believe in a vitalistic approach to health. We focus on detecting and removing interferences in your nervous system and in so doing assisting the natural power in your body to

*create*,  
**restore**,  
&  
**H E A L**.

We recognize and honor the divine spark within each of us. We invite all to maximize that power by partnering with us on a life long journey to the optimal health and wellness.

**Chiropractic**  
**4Kids&Families**



## Office Fee Schedule and Financial Policy @ Chiropractic 4 Kids and Families

<u>SERVICE</u>	<u>CASH</u>	<u>PI/WC/Ins.</u>	<u>PCD/HMO member</u>
Consultation	N/C	N/C	N/C
Initial Exam/Computer Scans	\$100	\$100	\$50
Re-Exams Exam/Computer Scans	\$40	\$40-\$100	\$40
Workshops (Wellness, Nutrition, etc.)	N/C	N/C	N/C
Therapeutic Exercises	N/C	\$20-\$50	N/C
Adjustment	\$50	\$50-\$75	N/A
Massage	\$49-\$90/hr.	\$60+	\$49-\$90/hr.
Massage Package-60 min (5 included)	\$225	N/A	\$225
Massage Package-90 min (5 included)	\$337.50	N/A	\$337.50
Individual/Family Adjustment Plans	N/A	N/A	\$120-\$233/mo

### Method of payment for first visit:

\_\_\_\_\_Cash \_\_\_\_\_Check \_\_\_\_\_HSA \_\_\_\_\_Credit Card

### Financial Options for Payment and Chiropractic Wellness Adjustment Plans

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. As you can see, we have 3 basic categories of payments for our services:

- 1.) **CASH** Payment is expected at the time of services. Cash, Check, Debit or Credit Cards accepted. \_\_\_\_\_
- 2.) **INSURANCE** (Personal, Auto Injury or Worker's Comp Injury.)

Personal insurance coverage varies from company to company and from individual plans within each insurance company. It is your responsibility to verify your coverage. The agreement is between you and your insurance company, not your insurance company and providers. If you have UHC for insurance, make sure that the additional paperwork is filled out on your first visit. We have a form with questions to ask your insurance company to verify coverage and benefits. Co-pays are due at the time of each visit. You should know what that amount is based on your policy. \_\_\_\_\_

Auto Insurance and Worker's Comp injuries: Claim numbers, contact information, and billing addresses need to be verified before treatment can begin using this type of financial coverage. \_\_\_\_\_

- 3.) **WELLNESS PLAN** After initial corrective care has been completed, an individual or family can opt for a monthly or yearly wellness plan. A one year commitment and an annual HMO fee of \$37/family are requirements of the wellness plan. *You must also attend the initial patient/wellness workshop to qualify.* These Wellness Adjustment Plans are designed to be the most cost effective way to keep you and your family as healthy as possible. Weekly visits are encouraged, while more or less frequent visits are something to be discussed between you and your amazing chiropractic physician. \_\_\_\_\_

With PCD/HMO, you will not get receipts to submit to your insurance company. You can, however, be given a receipt for tax purposes or a health savings account (HSA) indication the total amount you have paid for chiropractic care during the year. There is no insurance diagnosis given with these receipts.

If you acquire insurance for a special situation such as an auto accident or a worker's compensation injury and choose to utilize that coverage, we will charge the insurance fees until such claim is settled. Once the claim is complete, you can begin to pay PCD/HMO fees again.

To become a PCD/HMO member, simply fill out the application and pay your membership fee. We will gladly send it in for you. Your membership will be effective immediately. Ask your Chiropractic Team for a registration form.

I have read and I understand the above policies. I have initialed the one that applies to me.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

# Chiropractic 4 Kids & Families

## HIPPA Compliance Form

### Patient Authorization regarding chiropractic care being provided in an “open adjusting” environment

It is the practice of this office to provide chiropractic care in an “open adjusting” environment. “Open adjusting” involves several patients being seen in the same adjusting room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is NOT the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open adjusting” environment are incidental matters. In the event you or someone else would not agree, with us we are providing this disclosure.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open adjusting environment, other arrangements will be made for you. Your decision will have no adverse effect on your care from Dr. Lawler or on your relationship with our staff.

Your signature indicates your authorization of this activity.

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Printed Name

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Signature

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Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.

## Terms of Acceptance

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 the patient understand both the objective and the method 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.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxations: A misalignment of one or more of the 24 vertebrae 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 our chiropractic 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 that 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.

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)