The Wellness Way - Eau Claire
4410 Golf Terrace, Suite 120, Eau Claire, WI 54701
thewellnessway.com

WELCOME TO THE BEGINNING OF OPTIMAL HEALTH!

The Wellness Way - Eau Claire would like to thank you for choosing us to partner with you as you embark on your journey towards optimal health! We've developed this guide to help **you** prepare for journey with us!

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

- Go to https://eauclairewi.thewellnessway.com/
- Follow the instructions to complete all of the steps.

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. The completed and signed consent forms from Step 1 above
2. This form - completed and signed
3. Your lab records from the past two (2) years
4. Notebook to take any personal notes or questions to ask your practitioner

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 in the office? _____ **(initial)**

- Potentially. Some new patient evaluations involve several doctors and/or nurses.

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

- Some of the charges are billable to insurance. Chiropractic exams, x-rays, and manipulations (aka adjustments) are billable to insurance but coverage depends on your individual insurance policy. It is your responsibility (the patient's) to contact your insurance company to verify what chiropractic coverage you may have (out-of-network). We will submit your chiropractic charges to your insurance company upon your request. You are ultimately responsible for all charges in full, which may include deductible charges, coinsurance, co-pays, and/or patient responsibility portions.

  For patients with Medicare or Medicaid insurance, we do accept and bill Medicaid and Medicare.

What about Wellness Way consultations? How is that billed? _____ **(initial)**

- Wellness Way consultations or nutrition services are not billable to insurance at this time.

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 in determining the plan of care. If prior lab work has not been completed, our doctors 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 and will vary in payment. Some testing will be paid directly to the lab via your test kit otherwise our clinic will collect the payment.

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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, as well as the results of any lab testing. The doctor 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 syptoms 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 dietary recommendations. Due to quality control, all supplements are non-refundable.

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

- We will schedule a follow-up appointment before you leave. After we receive your test results, the doctor will review them with you, and discuss your recommended plan of care.
- Financial aspects and discounted plans will be reviewed with you at this time.

I'm only here for chiropractic. 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.

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 (715) 598-1829 **by 2:00 p.m. 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.**

We look forward to seeing you at your new patient appointment soon, and we are excited to work with you to help you achieve optimal health. Please print your name, sign below, and bring this letter to your new patient appointment.

_____ _____

Printed Name **Signature**

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TERMS OF ACCEPTANCE

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. 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 his 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

This is to certify that to the best of my knowledge I am not pregnant and the doctors and staff of The Wellness Way - Eau Claire 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: _____

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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. There has not been a single reported injury in our clinic since its inception.

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**

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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. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your PHI, we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic 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 chiropractic 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 chiropractic physician has the right to refuse to give care.

8. The patient gives consent that their lab results will be electronically sent to them via email when received.

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**

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IDENTIFICATION OF PERSONS WITH AUTHORIZATION OF ACCESS TO PATIENT HEALTH INFORMATION

Those individuals or parties that could have access to Patient Health Information at The Wellness Way - Eau Claire 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. _____

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 vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although a Vitamin, 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, 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**