131 Union Street East,
Suite #103
Waterloo, ON
N2J 1C4

The Natural Way HEALTH CLINIC where healing begins

(T) 519-772-2116
(F) 866-731-5603
www.thenaturalwayclinic.com

Informed Consent for Chiropractic Examination and Office Procedures

Examination

Chiropractic is the treatment and prevention of disorders of the joints of the body, often the joints of the spine, and the structures which are related to joint function, including muscles, ligaments, tendons and nerves.

Chiropractors use a variety of methods for diagnosis. These methods include taking a full medical history, as well as the history related to the presenting complaint and conducting a physical examination. A thorough history and examination also helps to determine the need for referral to another health professional and to determine if there are any contraindications to certain treatment procedures.

The physical examination will focus on the area of chief complaint, as well as other areas which may be having an impact on that region or may be capable of referring pain to the area. The examination may include observation, ranges of motion, palpation (the use of one's hands in the assessment), neurological examination and orthopedic testing. Other tests may be performed or recommended, as deemed necessary by the treating chiropractor.

The physical examination will necessitate physical contact between the doctor and patient. As with many physical examination procedures, it may be necessary to reproduce the chief complaint in order to make an accurate diagnosis; you may be asked to perform tests that may be uncomfortable or which may aggravate your condition in the hours to days following examination. This is normal. If you feel uncomfortable at anytime during the examination or following a chiropractic visit please notify the doctor.

Following your physical examination, the chiropractor will make a differential diagnosis, provide a customized treatment plan and discuss informed consent for treatment.

Fee Schedule

	Initial Consult	Subsequent	Extended	Extended with Acup.	Re-Evaluation
Adults	$88	$49	$59	$79	$69
Senior/Student		$44	---		---
Children (12 & under)	$59	$35	--		---
Orthotics	$395	---	---		---

*All fees include GST

****All fees for service are required at the time the service is rendered.**

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****Re-evaluations are required for various reasons, which are based on clinical indications including but not limited to: a new complaint, changes in complaint, changes in progress, as well as if it has been greater than 3 months since previous care.**

Clinic Hours

The Clinic will be open:

Monday	9:00am-5:00pm
Tuesday	9:00am-5:00pm
Wednesday	9:00am-5:00pm
Thursday, & Friday	9:00am-5:00pm

*In an emergency please attend your local hospital and update The Natural Way Health Clinic by way of a voicemail or email message of your status.

Privacy Policy

A record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative or unless it is required by law. I understand that I may look at my record at anytime and can request a copy by paying the appropriate fee.

Our Integrative Approach

As a multidisciplinary clinic, The Natural Way has a variety of services available to our patients. Our practitioners strive to work together as a team, to enhance the benefits of an integrative approach and provide our patients with the most holistic possible care.

At The Natural Way, we recognize that using a single modality or style of service does not always provide the complete answer to whole body healing. Our team of clinic Doctors and Practitioners can communicate and work together on your behalf in an effort to combine complimentary services in an effective way.

Please indicate (☒) if you would like more information on any of following services and/or programs offer by The Natural Way Health Clinic:

- ☐ **Naturopathic Medicine**
- ☐ **Detox Program**
- ☐ **Acupuncture (Regular or Cosmetic)**
- ☐ **Chiropractic**
- ☐ **Orthotics**
- ☐ **Grocery Store Tours**
- ☐ **Infrared Sauna Treatments**
- ☐ **B12 injections**
- ☐ **No More BUTTS –Smoking Cessation**
- ☐ **Find Your ThINNER Self –weight loss program**
- ☐ **Registered Massage Therapy**
- ☐ **Positive Pregnancy Program**

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I have read the above information and with this knowledge, I voluntarily consent to the diagnostic and office procedures outlined in this document.

I intend this consent to apply to all of my present and future chiropractic care. I understand that I am free to withdraw my consent at any time.

Cancellation Policy

Our goal is to provide quality care in a timely manner**. In order to do so we have had to implement a 24 hour appointment cancellation policy.** This policy enables us to better utilize available appointments for patients in need of care**. If you are unable to attend an appointment please call 519-772-2116 to cancel. If you do not reach the receptionist you may leave a detailed message on the voice mail system.** Cancellations made via e-mail will not be accepted. **Late Cancellations will be considered as missed appointments and will be subject to a missed appointment fee for the full amount of the missed appointment.**

Please remember, The Natural Way gives reminder calls/emails as a courtesy and we are not responsible for missed appointments if a reminder is not received or overlooked due to extenuating circumstances.

Name of Patient or Guardian: _____

Signature: _____ Date: _____

Chiropractor: _____

Signature: _____ Date: _____

Permission to Communicate -Insurance Provider

I, _____ authorize the Natural Way Health Clinic and Dr. _____ to communicate with _____ (insurance provider) in reference to treatments received, the date of treatments and / or any cost associated with these treatments.

Signature:_____

Date: _____