**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Province/Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (we send email reminders):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last appointment/physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health card/MSI number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE**

**In order to direct bill your insurance company on your behalf we require a credit card be left on file.**

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD INFORMATION**

**In order to direct bill your insurance company on your behalf we require a credit card be left on file.**

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_\_\_\_\_\_   
Name on Card: \_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your reason for seeking counselling/psychotherapy at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the history of your concern?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
What is your previous treatment/counselling history? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant medications/supplements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Policy**

It is important that you feel comfortable to share deeply personal information with your therapist. Please know that counselling files are kept as strictly confidential. This means that your Clinical Therapist will not divulge any information you have shared with her without your written consent.

There are several notable exceptions to this policy as are required by law. The Clinical Therapist may divulge information without your written consent if you are at imminent risk of serious self-harm, if a child or dependent senior in your care is at risk of harm, or if information on your file should be subpoenaed by a court of law. The Clinical Therapist will make every effort to inform you so such developments.

**Financial and Cancellation Policy**

*The doctors and staff at Halifax Chiro are dedicated at providing the best possible care and service to you, and your complete understanding of your financial responsibilities as an essential element of your care and treatment with us. Please initial next to each section to confirm your understanding and acceptance of our policies:*

**Fee For Service**Halifax Chiro is a fee for service facility and we require payment at the time of your visit, apart from a limited number of companies for which direct billing is available. Many services are covered wholly or partially by third party insurance; however, ultimately it is the responsibility of the patient to ensure payment is made at time of service. Our recommendations for care are based upon our desire to see you get and stay well, despite your level of coverage. Insurance plans or coverage maximums are in no way related to your health but rather are functions of a financial arrangement between you and your insurance provider.

**Private Insurance Coverage**   
Your insurance policy is a contract between you and your insurance company, not between your insurance company and our office. Please take the time to verify your coverage for chiropractic, massage therapy, orthotics, naturopathy and/or TCM, with your insurer by contacting them prior to your first visit. Please inquire about and obtain any specific insurer medical prescriptions for service. If you are choosing to submit receipts for reimbursement Halifax Chiro will provide you with appropriate payment receipts for your reimbursement either at each visit or after multiple appointments depending on your preference. **You can fill out your insurance information on the next page.**

**DVA/RCMP**Direct billings is currently offered to DVA/RCMP patients. If you exhaust your coverage prior to authentication of an extension request, then you are responsible for any of your services received outside of your original coverage. **IF FOR ANY REASON DVA or RCMP WILL NOT APPROVE YOUR CLAIM YOU SHALL ULTIMATELY BE RESPONSIBLE FOR ALL CHARGES**

**Motor Vehicle Accident Patients**   
In order to provide direct billing service under Nova Scotia Motor Vehicle Act you must be abide by the requirements of the approved section B protocols, which may involve exhaustion of your private insurance coverage (depending on individual circumstances). **IF FOR ANY REASON YOUR MOTOR VEHICLE INSURER WILL NOT ACCEPT YOUR CLAIM YOU SHALL ULTIMATELY BE RESPONSIBLE FOR ALL CHARGES.**

**Worker’s Compensation Board**If you are injured on the job, you will need to inform your employer of the accident and obtain a WCB claim number prior to direct billing by Halifax Chiro. **IF FOR ANY REASON WCB WILL NOT ACCEPT YOUR CLAIM YOU SHALL ULTIMATELY BE RESPONSIBLE FOR ALL CHARGES.**

**For your convenience, we accept the following forms of payment:**  
**Exact Cash, Debit, Visa, Mastercard.**



**Financial and Cancellation Policy**

**Chiropractic & Massage**

|  |  |  |
| --- | --- | --- |
| **INITIAL CHIROPRACTIC ASSESSMENT** | The initial chiropractic assessment with any of our chiropractors | $100 |
| **FOLLOW UP APPOINTMENT** | The follow up to your initial appointment | $70 |
| **Dr. MacAdam Chiropractic** | This appointment is with Dr. MacAdam and it is for a chiropractic treatment. | $60 |
| **Subsequent appoinments** | Subsequent treatment visits with Dr. Hefford, Dr. Diab, Dr. Trueman, and Dr. Quattrocchi | $70 |
| **NEW COMPLAINTS OR RE EVALUATIONS OF EXISTING COMPLAINTS** | If you have a new complaint or need more time to have an existing complaint examined this appointment offers more time with the chiropractor | $75 |
| **ORTHOTICS** |  | $400 |
| **ORTHOTIC FOOT WEAR** |  | $500 |
| **30 minute massage** | Massages with lisa, tara, jessica, justin or adam prics include tax | $63.50 |
| **45 minute massage** | $79.50 |
| **60 minute massage** | $95 |
| **90 minute massage** | $160 |
| **counselling** | 50 minute session with colette | $125 |

**Cancellation\_Policy**

The therapists at Halifax Chiro are often scheduled well in advance for appointments. We always seek to respect your valuable time by remaining on time and we ask that you respect the time we are holding for you in the same manner. **IF YOU NEED TO CANCEL OR RESCHEDULE YOUR APPOINTMENT WE REQUIRE 24 HOURS NOTICE**, **OTHERWISE YOU WILL BE CHARGED FOR THE FULL AMOUNT OF THE APPOINTMENT.** We hope you understand the hardship our practitioners face in the event of a no show or last-minute cancellation. As a courtesy, when time allows, we make reminder calls for initial chiropractic appointments. If you do not receive your reminder call or message, the cancellation policy is still in effect.

Reception Hours are 8am-8pm daily. When booking an appointment Halifax Chiro requires a credit card be left on file to process payments. On the day of your appointment once your insurance has been processed **we will run your credit card** and email you the receipt to you**. If you are unable to make an appointment and do not give the clinic 24 hours notice you will be responsible for the full invoice amount of the appointment.**I understand and agree that health/accident insurance policies are between an insurance carrier and myself. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment any fees for professional services rendered to me will be immediately due and payable.   
 **Patients Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_