

Reinforce Health & Wellness, P.C.

Medications:

(Include Name, Dosage, Frequency, Duration)

Allergies:

(Include food, environmental, drugs)

Prescription-

Over the counter-

Supplements-

Patient Goals/Expectations

What are your goals/expectations of your care-

- () Relief care- primary goal is to relieve your symptoms
- () Corrective care- complete the correction begun in the relief care
- () Stabilization- Stabilize structures supporting the spine to prevent future episodes
- () Wellness- Promotion of optimal functioning of all bodily systems

Cancellation Policy/No Show Policy

We Understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, for the sake of other patients who may want the appointment time, and out of respect for the doctor's time please read below for our office policy.

I Understand that if an appointment is not cancelled at least 24 hours in advanced or if I No Show an appointment that I may be charged a \$25 fee; this will not be covered by my insurance company.

Print Name Patient

Signature Patient/Guardian

____/____/____

Date