

Dr. Brandy Grantham, D.C.
Back in Balance
Family Chiropractor

Welcome to our office.

Date: _____

To ensure your visit with us is a pleasant one, here are the procedures you can expect in the next 30 minutes.

PAPERWORK Complete this brief questionnaire and your health history form to help us to get to know you. Dr. Grantham will use this information to help formulate the recommendations for your care.

CONSULTATION You will meet with Dr. Grantham and she will review your medical history.

EXAMINATION Standard physical, orthopedic, neurological and chiropractic tests will be performed to determine the cause of your subluxations and associated symptoms.

SPINAL IMAGES You may be referred to your family doctor for spinal x-rays if required.

CORRELATION Before proper care can be rendered, Dr. Grantham will study your examination findings, then review your case with you and give recommendations for your specific care.

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CONFIDENTIAL PATIENT CASE HISTORY - GENERAL INFORMATION

NAME _____ Miss Mrs. Ms. Mr. Dr.

ADDRESS _____ CITY _____ PostalCode _____

Home phone _____ Work _____ Cell/Other _____

Date of Birth ____/____/____ Email address _____ Sex M F

Occupation/Profession _____ Employed by _____

Medical Doctor _____ Care Card # _____

Extended Coverage Y N Previous Chiropractic Care Y N

Is this an ICBC or WCB related visit? Yes ___ No ___ Claim # _____ Date of Accident _____

Adjuster's Name _____ Phone # _____

Lawyer's Name _____ Phone # _____

What is your major complaint for which you are seeking Chiropractic care today?

Are you currently taking any medications? Yes ___ No ___

If yes, please list: _____

List all serious trauma, accidents, injuries and/or surgeries:

Do you wear arch supports or orthotics? Yes ___ No ___

Do you have a family history of:

- Heart disease
- Arthritis
- Cancer
- Diabetes
- Autoimmune conditions

Females only:

Are you pregnant? Yes ___ No ___

Have you reached menopause? Yes ___ No ___

Have you had a mammogram? Yes ___ No ___ Are you currently taking Hormone Replacement? Yes ___ No ___

Office Payment Policies

Initial Visit: Consultation, Examination, and 1 st Treatment	\$65
Child or Student	\$35
Subsequent Visit:	\$40
Child or Student	\$20
Family Rates also available.	
Extended Visit: Intended for acute situations requiring additional care or re-examination of new complaint and treatment of such	\$60

Payment is due at time of treatment unless prior arrangements have been made.

Your appointment time is reserved for you. Please note that to cancel or reschedule your appointment, a minimum of 24 hours notice is required, so we may try to accommodate another patient. A late cancellation fee of \$20 may be charged.

Coverage for chiropractic care may be provided by Worksafe BC, ICBC, or a private insurance carrier.

- ❖ If your Worksafe BC claim is accepted, we will reimburse you for the payments we receive from Worksafe BC. If for any reason, WCB does not accept your claim, you are responsible for all charges related to your care.
- ❖ ICBC will pay you directly for a portion of your treatment costs.
- ❖ To receive reimbursement from private insurance carriers, mail the required claim form along with your receipt for treatment to the insurance company.

I certify that I have read and understand the above information to the best of my knowledge and the above questions have been accurately answered.

I understand that my chiropractic insurance carrier may pay less than the BC College of Chiropractors recommended fee schedule. I have read the above and I accept full responsibility for payment of chiropractic treatment fees.

Signature of Patient _____ Date _____

Thank you. Again we look forward to a healthy relationship with you!