

Effective, Natural Whole-Body Vitality

At Aloha Wellness, our objective is to assist you to your highest level of Whole-Body Vitality. This includes getting you to:

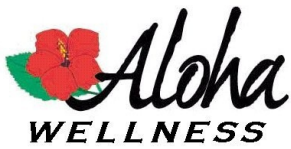
- 🌺 **Be More Active**
- 🌺 **Sleep More Deeply and Continually**
- 🌺 **Have More Youthful Energy**
- 🌺 **Ignite Your Body's Natural Recuperative Powers**
- 🌺 **Bring back your Zeal for Life**

There are numerous ways we will assist you. Our proprietary method incorporates techniques from Chiropractic, Nutritional, Energetic healing and lifestyle changes. If there are areas where we do not possess the expertise, we recommend trusted providers to accelerate your natural Vitality process. How quickly and profoundly you will benefit is **always** up to **you!** We will give you the suggestions, recommendations and techniques to move you to the next level – but you have to decide to follow the program.

Whole-Body Chiropractic: We draw from over 40 techniques, individualized to your body, to free you of nervous system interference and biomechanically align your joints to achieve faster, noticeable changes. We are able to quickly relieve pain with a head to toe approach, because we know this is not just a spinal thing.

Your choice of care determines how far you will go. (If you want to learn more put an "X" in the adjacent box.

- 🌺 **Acute Care** - Temporary relief of symptoms and pain.
- 🌺 **Corrective Care** – Takes you through the relief of symptoms, dysfunction and pain, then works to correct the problem.
- 🌺 **Developmental/Wellness Care**- Correct the problem, help prevent recurrences & achieve maximum health benefits for a more active, youthful adult life while providing excellent stress relief and boost immunity.
- 🌺 **Family Care** - Safe & effective care for the whole family. To reduce your family's needs for unnecessary, ineffective medication and/or surgery and achieve maximum benefits through natural health care to ensure a more active family relationship with less stress.



Additional wellness services:

- Safe Whole Food Supplements-** Herbals and Homeopathic Products
- Nutritional Healing-** Individualized, specific nutrition program identifies biochemical and energetic weaknesses in the Autonomic Nervous System, which controls all body functions, then feeds and repairs the prior damage. This is important to your body's ability to fully recuperate and function more youthfully.
- Cleanse/Detoxification/Purification-** This is a rapid cleansing of the toxins we have accumulated over the years. Many patients report a decrease in pain, weight loss, increased energy and an overall improved life.
- Rehabilitation/Exercise Recommendations-** There are certain movements that can increase your body's stability. This helps to reduce the effects and development of chronic conditions.
- Weight Management-** Numerous methods are available from evidence-based approaches to utilizing supplements, cleanses and dietary habits for improving your weigh results.
- Foot Orthotics-** Support the feet and the rest of your body can come in line. Safe effective approach to alignment away from the office.
- Traction Pillows-** Sleeping position is vital to your body's ability to heal, regenerate and grow. Traction pillows allow for proper therapy while you sleep and provides a better sleep.
- Laser and Light Therapy-** Therapeutic use of light is beneficial for reducing the signs of aging, inflammation and pain. This is the latest research for the acceleration of the healing process. Simple and affordable to be used at home to continue the regenerative processes away from the office.

Thank you for choosing Aloha Wellness for your chiropractic care. We are committed to providing your family with the highest quality of corrective, nutritional and wellness chiropractic care available so that you and your family can enjoy an active, healthy life. We will be working together to help you all reach your health and wellness goals. We are committed to the success of your care. We look forward to a long, healthy relationship with you and your family

Aloha Kapa,

Dr. Clayton L. Clark, D.C, ACN



Financial Policies

Each visit may consist of a combination of examination, consultation, problem-solving, and multiple indicated procedures. Our therapeutic approach combines skills from many clinically effective disciplines such as modern chiropractic, mind-body healing, physiologic balancing, exercise instruction, specific nutritional healing, and other various modalities. The procedure selection at each visit may be limited by your plan.

Summary of Fees (varies by level of service and plan choice)

Initial Visit (Consult/Exam/Spinal Adjustment, 30-45 minutes)	\$150.00	\$260.00
Second Visit (Report of Findings/Care Plan, Adjustments, 10-15 min)	\$ 75.00	\$138.00
Regular Visit (Adjustments/Care not including modalities, 3-10 minutes)	\$ 75.00	\$ 95.00
Re-exam (Exam, not including scans or adjustments)	\$25.00 \$ 43.00	\$ 60.00
12 or 8 Visit Plan (1 re-exam, ~\$60 per visit, Save 43%)	\$650.00	\$450.00
Senior Plan 12 Visit Plan (1 re-exam, ~\$46 per visit, Save 67%)		\$550.00
12 Visit Plan (for Nutrition Patients, 1 re-exam, ~\$60 per visit, Save 43%)		\$495.00

Choose the plan below that best suits your needs. (Please notify us if there is a need to change plans.)

Pay as you go:	Full Price per Service	No savings in time or visits
Benefits:	No upfront commitment.	Time of Service Discount
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Prepaid Plan:	Prepay for Plan or make payments	More than 50% Savings.
Benefits:	Commitment savings.	Includes Time of Service Discount
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All nutritional supplements, homeopathic, herbals, botanicals, Isagenix, and miscellaneous therapeutic supplies are charged separately. Examinations, scans and additional procedures may carry extra charges. Any additional insurance forms, reports, or requests for information may be completed by our office for an additional charge.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the Doctor's Office may prepare any necessary reports and forms to assist in the collection process with my insurance company. The insurance amount authorized to be paid directly to the Doctor's Office will be credited to my account on receipt and without refund. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care, any fees for professional services rendered to me will be immediately due and payable. Payment may be in the form of cash, check, money order, or credit card.

I have read and understand the above financial policies.

Print Name _____

Signature _____

Date _____



Patient Name: _____ Date: _____

Patient History:

1) What/where is your complaint? _____

2) Does it travel to your arms, legs or head? Yes ___ No ___

IF YES: Where does it go? _____

3) On a scale from 0-10, with 0 = no pain, 10 = the worst pain imaginable, how bad was your pain when it first started? _____ / 10

4) On a scale from 0-10, how bad is it now? _____ / 10

5) Describe the pain/complaint (ie: sharp/burning/achy): _____

6) Is it constant or does it come and go? ___ constant ___ comes & goes

7) What makes it better? _____

8) What makes it worse? _____

9) How did this happen? _____

10) When did this happen? _____

11) Have you had this pain/complaint before? Yes ___ No ___

IF YES: When? _____

What caused it? _____

Did you receive any treatment? Yes ___ No ___

IF YES: What was done? _____

12) Has anyone treated you for this complaint? Yes ___ No ___

IF YES: Who & When: _____

What was done? _____

Why did you stop going? _____

13) Have you ever been treated by a chiropractor? Yes ___ No ___

IF YES: Who & When: _____

IF YES: Same complaint? Yes ___ No ___

IF NO: What were you treated for? _____

Why did you stop going? _____

14) Do you have any heart or circulation problems? Yes ___ No ___

IF YES: What problems? _____

15) Have you ever had a stroke? Yes ___ No ___

IF YES: When? _____

16) If any, what are you taking: medications? _____

Over-the-counter? _____

Supplements? _____

17) Females: Is there a possibility that you may be pregnant? Yes ___ No ___

Signature: _____

Date: _____

Notes	
(Clinic Use Only)	
Ht: Wt: BP: Pulse:	
Init. _____ Date _____	



TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both parties to be working toward the same objective.

Chiropractic has only one goal, health. It is important that each patient understand this objective, the importance of eliminating the subluxation, feeding the body, and their individual role in the attainment and maintenance of their health.

ADJUSTMENT: An adjustment is the specific application of forces used to facilitate the body's correction of nerve interference due to a subluxation. Chiropractors are the only individuals trained and licensed to perform a chiropractic adjustment.

MANIPULATION: The forceful, passive movement of a joint beyond its active limit of motion. It does not imply the use of precision, specificity, or the correction of nerve interference. Therefore, it is not synonymous with a chiropractic adjustment.

HEALTH: A state of optimal physical, mental, and social well-being, not merely the absence of disease and infirmity. Health is a process where the body accurately perceives its' constantly changing needs and responds appropriately in a timely manner.

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 vertebrae in the spinal column, which causes an alteration of nerve function and interference of nerve signals, result inevitably in the decrease of the body's innate ability to express its maximum health potential.

CHIROPRACTIC PRACTICE OBJECTIVE: To correct nerve interference in a safe, effective manner. The correction is not considered to be a specific cure for any particular symptom or disease. It is applicable to any patient who exhibits nerve interference regardless of the presence or absence of disease or symptoms.

We do not offer to diagnose or treat any disease or condition other than the vertebral subluxation. However, if during the course of a chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will advise you and refer you to seek appropriate care.

I, _____, have read and fully understand the above statement. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I, therefore, accept chiropractic care on this basis.

Signature _____ Date _____

Spouse's or guardian's signature _____ Date _____