

client information

Welcome to **chiropractic4wellness**. It is our aim that your experience in our office is always pleasant, cheerful and that the service we provide is of the highest quality.

office hours

Monday	2.00 pm - 7.30pm
Tuesday	7.30 am - 1.00pm
Wednesday	2.00 pm - 7.30pm
Thursday	-closed-
Friday	7.30 am - 1.00pm
Saturday	7.30 am - 10.30am

Our office hours are sometimes altered in order to comply with post-graduate seminars or lecture commitments so we recommend you schedule definite appointments.

financial obligations

Initial consultation & Report		\$120
Spinal Adjustment	- regular	\$43
	- concession	\$38
EMG (Spinal Scan)		\$20

Payment is requested at the time of your visit.

For your convenience we have eftpos and credit card (bankcard, mastercard and visa) facilities. Hicaps is also available private health insurance card holders.

family care

As you are now aware, subluxations often occur many months or years prior to you feeling the symptoms. We offer you the opportunity to have your family's spines assessed within two weeks of beginning chiropractic care as a professional courtesy - at no charge.

your appointments

The frequency of visits to our office will be determined by the individual needs of your spine and it is essential that you remain on the schedule of care that is recommended. Our role in this office is to ensure that recommendations for your care are followed so that you can achieve the best possible results for your health.

If you need to change your appointments, please give us 24 hours notice. **If you miss an appointment a fee of \$20 will be charged.**

creating wellness lectures

Special appointment times are held each fortnight and are one of the most important visits in your health care programme. This appointment will explain how chiropractic care can help you achieve your health goals.

We look forward to helping you achieve your health goals and being of service to you, so if you have any queries or concerns, please be sure to talk with us.

**I understand the policy & procedures of chiropractic4wellness.
I understand the importance of my schedule of care and am
committed to health and well-being.**

Signed: _____ **Date:** _____