

Welcome (or welcome back) to Rise Chiropractic and Wellness!

To keep your visit smooth, efficient, and focused on your care, we are required to collect a few forms to be completed before your appointment. Here's a quick guide to **what each form is, who completes it, and how to handle special situations** like minors or shared payment responsibility.

1. Health History Questionnaire

What it is: Your personal health history — symptoms, past care, medications, lifestyle, and goals.

What to do:

- **New patients (or patients who transferred care from Ragon Chiropractic):** Complete the full questionnaire
- **Returning patients:**
 - Review your existing questionnaire (text us 2026 to receive a copy of your form via email or text)
 - Either **attest that nothing has changed** OR
 - Complete a short **addendum** if anything is different

If the patient is a minor:

- A **parent or legal guardian** completes the questionnaire **on the child's behalf**
- Please answer as accurately as possible for the child

Why it matters: This information helps your provider deliver safe, personalized care.

2. Terms of Acceptance & Informed Consent

What it is: An explanation of the services we provide, how care works, potential risks, and your rights as a patient.

What to do:

- Read carefully
- Sign to confirm you understand and consent to care

If the patient is a minor:

- A **parent or legal guardian must sign** this form

Good to know: You may ask questions at any time — including before treatment begins.

3. Coordination of Care, Communication & Disclosure Authorization

What it is: This form tells us:

- Who we may speak with about care (if anyone) **NOTE:** If you have anyone who picks up supplements for you, they will need to be listed on this form.
- How we may contact you (text, email, phone)
- Whether you'd like to receive optional wellness or marketing communications

What to do:

- Review communication preferences
- Select what you consent to (or don't)
- Sign and date

For minors:

- The **parent or legal guardian** completes and signs this form

Important: Your care does **not** depend on agreeing to marketing messages — that portion is optional.

4. Financial Policy

What it is: An overview of payment expectations, fees, insurance (if applicable), and office policies.

What to do:

- Review
- Sign to acknowledge understanding

If you are responsible for payment for more than one patient:

- The **financially responsible party** signs this form
- This may be different from the patient receiving care

Examples: A parent paying for a child; A spouse paying for a partner; A family member paying for multiple dependents

When Should I Complete These?

Before your appointment whenever possible.

This allows your visit to focus on care — not paperwork.

If you're unable to complete forms in advance, our team will assist you in the office, but please arrive 10-15 minutes before your scheduled appointment time to do so.

FAQ

Questions?

We're here to help. If anything is unclear, just ask — our team is happy to walk you through it.