important information that was covered at the hope class. for those that didn't attend for themselves, please read over!



we are at our new location 4900 us highway 169 north, suite 301 new hope MN 55428

<b>YOUR</b>	SCHED	ULING	CHEC	KLIST
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П	attend the	hope	class,	or	send	а	friend	1
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for those that attend, book your first appointment and any and all additional appointments for your loved ones by friday at 5:00; 763.537.5555

# BRING THE FOLLOWING WITH TO YOUR FIRST APPOINTMENT

	l tl	nis	paperwor	k—it take:	i 45	minutes	to	fill	out	SO	do	bef	ore	hanc	ł
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- ☐ all supplements or medications you are currently taking, in their original bottles with contents in them ☐ any lab, medical records from the last 6 months
- -call us a full 48-hours in advance if you need to make a change to your appointment
- arrive 10-minutes early to your appointments, this helps us run things smoothly!

# HELP YOURSELF GET THE BEST RESULTS-YOU DESERVE IT!

- 1. have all you need to bring from the checklist, arriving 10-min early!
- 2. tell dr. brad all of your symptoms and complaints (bring a list/journal)
- **3.** at your follow up appointments—tell dr. brad what's improving!
- 4. if appropriate, dr. brad may refer you to another practitioner as well
- 5. this is your time with dr. brad! keep this time focused on you
- **6.** getting well is an investment, and we understand that. try the best you can to avoid commenting about cost during your appointment time, it can distract from the focus of recommendations and your treatment. the front desk is happy to fill you in on service fees.

# KEEP YOUR APPOINTMENT TIME.

- -arriving in the lobby early is considered on-time
- -we will call to check in if you're ok at the start-time of your appointment if you have not arrived
- -as a rule, anything beyond a few-mintues late will be considered a missed appointment

### IN THE CASE WE SOUND LIKE STICKLERS ABOUT THE CLOCK... HERE'S THE WHY:

-we want you to get the care you need!

—it is not realistic for dr. brad to treat a patient by rushing an appointment, this sacrifices the care you need and what you are investing in, dr. brad's unique case-by-case treatments and next step recommendations.

# **UT-OH, RUNNING LATE?**

- -please call (hands-free) if you become aware you will be late. the front desk works hard to make things work and has compassion for a patient who arrives late; yet typically dr. brad is booked and there will not be room to work someone in that has missed their appointment.
- —if you miss a same-day appointment or cancel within the 24-hours policy, at this time we allow for a one-time of grace with no fee. for any additional missed appointments the charge will be the fee of the service.

### SOMETHING COME UP IN BETWEEN APPOINTMENTS?

dr. brad offers phone consults for \$4/minute. with his call backs he often gets voicemail, if you are comfortable tell the desk your question and provide the best phone number for him to leave a message with personal health information.



get some tips here!



page 1 of 8 (the front desk will make a copy of this page upon your arrival)

Chiro	practic	Case	History	/Patient	Information:	: Brad Molskness, DC	
011110	P. G. C C	0.00				· Diad Miciskiicss, D	_

•	//		,	
First Name	Middle	Last	Date	:
Cell ( )	_ If there are any phone consults is it	OK to leave personal h	ealth information on voicemail	? ☐ yes ☐ no
Street	City		State Zip	
Email	@gr	nail.com @yahoo.com @d	comcast.net (other) @	·
Age Birthdate	Under 18 🗌 Race	Marital: M S V	/ D Home Ph ( )	
Occupation:	Employer		Work Ph ( )	
	Occupati			
	ntact? □ yes □ no Emegency c			
Children 🗌 1	age2	age 3	age 4	age _
Who referred you to our cli	nic?	from	n BNI? □ Are you a meml	oer of BNI?
CURRENT PRACTITIONER	S Chiropractic Doctor:	*Me	dical Doctor:	*
olease sign here: discuss/consult with regarding	vission to update your practitioner response your health care. dr. brad will disconstance.	*initial by those cuss with you before co	you authorize dr. brad's pe mmunicating with them.	rmission to
	Date symptoms started:			
n the past, have you had the	same or a similar condition? des	cribe		
Have you ever been diagno Broken or Fractured Bones Circulatory Problems Rheumatoid Arthritis Seizures/Convulsions Ulcers	DATE OF YOUR LAST PHY sed as having or have suffered fr  LA Congenital Disease Excessive Bleeding High/Low Blood Pressure Osteoarthritis History of stroke or hyperter alls/auto accidents or surgeries?	om? (Place a check byEpilepsyPace MakerStrokesCancersion - if checked inclu	vall that apply to you) RupturesDru Coughing BloodHIV Eating DisorderGal AlcoholismDep de date of incident:	Positive I Bladder pression
I went in for help with List all medications/drugs and	•	ded treatment was g all medications (and s al bottles with product	supplements) with to your first in them.	appointment
1. Med	For	3. Med	For	
2. Med	For	4. Med	For	
Are you on disability or pla	n to apply for disability in the ne	ear future? 🗌 yes 📗 n	0	
Are you on Medicare? 🗌 ye	es 🗌 no if you are over 55 years	old, include the date	you will be on Medicare	
Are you on a Medical/Gov	rernment Assistance plan? ye	s 🗌 no	*we do not b	ill insurance.

page 2 of 8 Do you have any allergies to any medications?   Yes  No If yes, describe:				
Do you have any allergies of any kind? ☐ Yes	— — 5  No If yes, describe:			
Please list any other health problems you have	 , no matter how insignificant they may be	:		
, , ,	, , , ,			
SOCIAL HISTORY  Do you drink alcoholic beverages? If so, he do you use any tobacco products? Do				
Do you take vitamin supplements? I	f so, please list:			
Do you consume caffeine? If so, how muc				
Do you exercise? If yes, what is the				
What are your hobbies?				
What percentage of time during the day (at ha		vou spend:		
lifting sitting bending	working at a computer			
FAMILY HISTORY Father: living deceased Current age in	f still living: Cause of death and a	as at death if deceased.		
Mother: living deceased Current age	-			
Check if applicable to you: As an				
Do you have any family members who suffer fr	rom the same condition you do? It so, pie	ease list:		
FAMILY DISEASES (check if applicable and	indicate whether family member is Father	r Mother, Sister, Brother, F, M, S, B)		
Tuberculosis Cancer	•			
Diabetes Asthma	Heart Disease	-		
Stroke Kidney Disea	ase Lung Disease			
Arthritis Liver Disease	Other			
Please check any and all insurance coverage t	that may be applicable in this case: WE Do	O NOT BILL INSURANCE, SEE FEE PAGE		
☐ Major Medical ☐ Worker's Compensati	ion 🗌 Medicaid 🗌 Medicare 🔲 Au	uto Accident		
$\Box$ Medical Savings Account & Flex Plans $\Box$	Other			
Health Care Companies you have coverage th	nrough:			
Are you willing to make changes in y	your lifestyle?			
Women Only: Are you pregnant or is there an				
The patient understands and agrees to all purpose of treatment, payment, healthcar Patient Health Information is going to be a like to have a more detailed account of a Information, we encourage you to read the signing this consent. If there is anyone you Patient's Signature:	e operations and coordination of care used in this office and your rights condur policies and procedures concerning the HIPAA NOTICE that is available to u do not want to receive your medical	e. We want you to know your cerning those records. If you would g the privacy of your Patient Health you at the front desk before records, please inform our office.  Date:		
Guardian's Signature Authorizing Care:		Date:		

# SYMPTOM SURVEY FORM

	• /
0	V SYMPTOM SURVEY
- ī	Maestro.

NSTRUCTIONS: Fill in only the circles which apply to you.   ○ ○ MILD symptoms (cocurred once or five lest of months).   ○ ○ MILD symptoms (cocurred once or five lest store).   ○ ○ MILD symptoms (cocurred once or five lest store).   ○ ○ MILD symptoms (cocurred once or five lest store).   ○ ○ MILD symptoms (cocurred once or five lest store).   ○ ○ MILD symptoms (cocurred once or five lest month).   ○ ○ MILD symptoms (	Patient	TOM CONVE			Dat	——— Maestr
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GROUP 4   Single passity numbness   Single						
Miles   1   2   3   severe   50   0   0   Hands and feet go to sleep easily, numbness   1   0   0   Add floods upset   57   0   0   Sigh frequently, rain bunger   2   0   0   Get chilled offen   58   0   0   Aware of "breathing heavily"   3   0   0   Tump" in throat   59   0   0   High altitude discomfort   59   0   0   High altitude in colds and fevers   50   0   0   Reyed up - fail to calm   59   0   0   Alternon *yawner*   59   0   0   Miles peeds after meal   51   0   0   Susceptible to colds and fevers   50   0   0   Reyed up - fail to calm   59   0   0   Miles peeds and fevers   50   0   0   Reyed up - fail to calm   59   0   0   Alternon *yawner*   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   Reyed up - fail to calm   50   0   0   0   Reyed up - fail to calm   50   0   0   0   0   0   0   0   0	O O O Leav	ve circles BLANK if they dor	't apply to you!	55 000	Abnormal craving for sweets or s	nacks
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page 4 of 0	
1 2 3 GROUP 7A	1 2 3
107 OOO Insomnia	170 OOO Weakness after colds, influenza
108 O O O Nervousness	171 OOO Exhaustion - muscular and nervous
109 OOO Can't gain weight	172 O O O Respiratory disorders
110 OOO Intolerance to heat	GROUP 8
111 O O O Highly emotional	173 O O O Apprehension
112 O O O Flush easily	174 O O O Irritability
113 O O O Night sweats	175 O O O Morbid fears
114 O O O Thin, moist skin	176 O O O Never seems to get well
115 O O O Inward trembling	<u> </u>
116 O O O Heart palpitates	177 O O O Forgetfulness
117 O O O Increased appetite without weight gain	178 O O O Indigestion
118 O O O Pulse fast at rest	179 O O O Poor appetite
	180 O O O Craving for sweets
119 O O O Eyelids and face twitch	181 O O O Muscular soreness
120 O O O Irritable and restless	182 O O O Depression; feelings of dread
121 O O O Can't work under pressure	183 O O O Noise sensitivity
GROUP 7B	184 O O O Acoustic hallucinations
122 OOO Increase in weight	185 OOO Tendency to cry without reason
123 O O O Decrease in appetite	186 O O O Hair is coarse and/or thinning
124 OOO Fatigue easily	187 O O O Weakness
125 OOO Ringing in ears	188 O O O Fatigue
126 OOO Sleepy during day	189 O O O Skin sensitive to touch
127 O O O Sensitive to cold	190 O O O Tendency toward hives
128 OOO Dry or scaly skin	191 O O O Nervousness
129 O O O Constipation	192 O O O Headache
130 O O O Mental sluggishness	193 O O O Insomnia
131 OOO Hair coarse, falls out	194 O O O Anxiety
132 O O O Headaches upon arising, wear off during day	195 O O O Anorexia
133 O O O Slow pulse, below 65	196 O O O Inability to concentrate; confusion
134 O O O Frequency of urination	197 O O O Frequent stuffy nose; sinus infections
135 O O O Impaired hearing	198 O O O Allergy to some foods
136 O O O Reduced initiative	199 O O O Loose joints
	-
GROUP 7C	FEMALE ONLY
137 O O O Failing memory	200 O O O Very easily fatigued
138 O O O Low blood pressure	201 O O O Premenstrual tension
139 O O O Increased sex drive	202 O O O Painful menses
140 O O O Headaches, "splitting or rending" type	203 O O O Depressed feelings before menstruation
141 O O O Decreased sugar tolerance	204 O O Menstruation excessive and prolonged
GROUP 7D	205 O O O Painful breasts
142 O O O Abnormal thirst	206 O O O Menstruate too frequently
143 O O O Bloating of abdomen	207 O O O Vaginal discharge
144 OOO Weight gain around hips or waist	208 O Hysterectomy / ovaries removed
145 OOO Sex drive reduced or lacking	209 O O O Menopausal hot flashes
146 OOO Tendency to ulcers, colitis	210 O O O Menses scanty or missed
147 O O O Increased sugar tolerance	211 O O O Acne, worse at menses
148 O O O Women: menstrual disorders	212 O O O Depression of long standing
149 OOO Young girls: lack of menstrual function	MALE ONLY
GROUP 7E	213 O O O Prostate trouble
150 O O O Dizziness	214 O O O Urination difficult or dribbling
151 O O O Headaches	215 O O O Night urination frequent
152 O O O Hot flashes	216 O O O Depression
153 O O O Increased blood pressure	217 O O O Pain on inside of legs or heels
154 O O O Hair growth on face or body (female)	218 O O O Feeling of incomplete bowel evacuation
155 O O O Sugar in urine (not diabetes)	219 O O O Lack of energy
156 O O O Masculine tendencies (female)	220 O O O Migrating aches and pains
	221 O O O Tire too easily
GROUP 7F	222 O O O Avoids activity
157 O O O Weakness, dizziness	223 O O O Leg nervousness at night
158 O O O Chronic fatigue	224 O O O Diminished sex drive
159 O O O Low blood pressure	
160 O O O Nails weak, ridged	List the five main complaints you have in the order of their importance:
161 O O O Tendency to hives	
162 O O O Arthritic tendencies	1
163 O O O Perspiration increase	2
164 O O O Bowel disorders	
165 O O O Poor circulation	3
166 O O O Swollen ankles	
167 OOO Crave salt	4
168 OOO Brown spots or bronzing of skin	
169 OOO Allergies - tendency to asthma	5

# daily food diary: include all food and drink in a typical day

Name Today's	s Date
At what age were you given baby formula?	
At what age was your first food introduced?_	
breakfast:	
snack:	
lunch:	
snack:	
dinner:	
snack:	

REMINDER: PLEASE BRING ALL CURRENT MEDICATIONS, SUPPLEMENTS AND VITAMINS TO YOUR APPOINTMENT, IN THEIR ORIGINAL BOTTLES WITH PRODUCT IN THEM.

# page 6 of 8 please read and sign Informed Consent Document (vs 11.04.2019)

**To the patient:** Please read this entire document prior to signing it. It is important that you understand the information contained in this document. If anything is unclear you are welcome to ask questions before signing.

The nature of the chiropractic adjustment: The primary treatment I use as a Doctor of Chiropractic is spinal manipulative therapy and/or therapies supporting chiropractic manipulation. If I use chiropractic manipulation to treat you, I may use my hands or mechanical instrument upon your body in such a way as to move your joints. This may cause an audible "pop" or "click," much as you have experienced when you crack your knuckles. You may feel a sense of movement.

The nature of natural healing: Our goal in natural care is to remove hindrances to healing, and remind your body what it needs to do to heal itself. Sometimes, a patient may experience a Herring's law response or what some people call a healing crisis. This could take the form of symptoms from old illnesses returning for a while as your body now has the tools to get through the entire course of healing. Another example is a cleansing response in which the body will clear out toxins through the bowels, lungs or skin. We will do our best to let you know if we believe you may experience this type of response.

**Analysis/examination/treatment:** By signing this page you consent to including but not limited to: chiropractic, orthopedic, kinesiologic and general physical examination, a thorough health history, chiropractic treatment, soft tissue and nutritional therapy.

The material risk inherent to chiropractic adjustment: As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and other therapies. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myopathy, costovertebral strains and separations, and burns.

The probability of those risks occurring: Fractures are rare occurrences and in general a result of some underlying weakness of the bone which I check for during the taking of your history and during examination. If there is a concern I will order medical imaging which may include an x-ray. Stroke has been the subject of tremendous disagreement. The incidences of a stroke is exceedingly rare and according to research estimated to occur between one in one million to five million cervical adjustments. The other complications are also generally described as rare.

The availability and nature of other treatment options: Other tre	eatment options for you	ır condition may include
—self-administered, over the counter analgesics and rest	<ul><li>hospitalization</li></ul>	<ul><li>surgery</li></ul>
—medical care and prescription drugs such as anti-inflammatory	, muscle relaxants and	oain-killers

The risks and dangers attendant to remaining untreated: Remaining untreated may allow the formation of adhesions and reduce mobility. Over time, this process may complicate treatment making treatment more difficult and less effective the longer it is postponed.

Do not sign until you have read and understand the above. Please check the appropriate block and sign below.

I have read [] or have had read to me [] the above explanation of the chiropractic adjustment and related treatment. If I so choose, I have the option to discuss this with dr. brad and have my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Dated	Patients Name					
Signature of Patient or Parent/Guardian						
Dated	Dr. Brad Molskness, DC					

# page 7 of 8 please read and sign Patient Health Information Consent Form (vs 11.04.2019)

dr. brad's appointment healthcare notes are for his use for the benefit of your patient care. They are not formatted to the medical record industry standard required by insurance companies, as we do not bill insurance and use notes based on multiple disciplines containing language outside of Allopathic care (traditional medical care). If we were to invest the time and resources to take the medical billing notes that would double the time of each appointment and therefore double the fee.

At times patients will list us as a provider of care when applying for Social Security Administration or Disability Benefits. This is your right. Be aware they will require dr. brad's appointment healthcare notes. Due to the nature and language of dr. brad's Multiple Discipline Care these healthcare notes may confuse your case and cause delays.

The patient has the right to examine and obtain a copy of his or her appointment healthcare notes at any time and request corrections. We can make copies of your notes and provide to you by mail or in person, we ask for a 48-hour notice to prepare those and will mail to you at no fee.

For PHI release of information requests (from a lawyer, life insurance or other) we will review the document to look for a signature from the patient, and call the patient to confirm verbal consent before releasing PHI. We limit what PHI is released to what is necessary. Our office is not obligated to agree to those restrictions as we can be obligated to release PHI to government agencies for requests that come to the clinic (for example, requests for records that come from The Social Security Administration or other Government Agency).

The patient may provide a written request to revoke consent at any time during care (except for the use of care). This would not affect use of those records for the care given prior to the written request but would apply to any care given after the request has been presented.

For your security and privacy, all staff have been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our clinic. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.

Patients have the right to file a formal complaint with our privacy officer about any possible violations of these policies and procedures.

If the patient refuses to sign this consent for the purpose of treatment, or health care operations and care, the chiropractic physician has the right to refuse to give care.

I have read and understand how my Patie procedures.	int fleatth information will be use	d and ragree to these policies and
Patient Name	Signaturo	Data

# page 8 of 8 please read and sign Fee Structure (vs 11.04.2019)

We require immediate payment at the time of any fees for services or product purchases. At this time, we accept payment in the form of cash, check or credit/debit card. At any time, the fee structure at Hope Clinic can change without notice.

#### **WE DO NOT BILL INSURANCE**

We are a unique place. We use Multiple Disciplines which means you have many options. Our goal is to provide the most appropriate care for your specific case. We base our treatment recommendations completely on appropriateness for you, this may include more than one chiropractic therapy, technique or treatment within the same service time; this falls outside the scope of what insurance companies would cover.

We do not take insurance; we are not in contract (network) with any insurance company, and we do not bill any insurance companies. We can provide a superbill and a receipt at the time of payment if you so choose. We cannot guarantee any reimbursement from insurance for the products or services we provide. Insurance reimbursement of any kind is a matter completely between you and your insurance company.

#### **HEALTH SAVINGS ACCOUNTS**

We cannot answer questions or guarantee that any service or product falls within any specific Health Savings Account, or other Flexible or Benefit Spending Plan. At this time, we will simply collect payment with the debit or credit card you provide. It is common for patients to use HSA and Benefit Plan cards as payment, at times the plan will request documentation. We can provide you with a letter of Medical Necessity if any benefit plan requests it as necessary.

### FOR AUTO ACCIDENT OR WORK COMPENSATION CLAIMS

If you are seeking chiropractic care reimbursement for a workers' compensation claim or auto accident incident dr. brad will do his best to refer you out to the appropriate practitioner based on your exam and symptoms that will provide the appropriate health care records and documentation for your insurance coverage.

#### **RESULTS ARE NOT GUARANTEED**

We are a healthcare clinic and because there are many factors which we cannot control including but not limited to your lifestyle, we cannot guarantee any results. We are completely dependent on clear communication with you to help you make appropriate healthcare decisions.

We charge according to the timeslot that was reserved for you. There are no refunds for appointments or services rendered. And your appointment time has been reserved specifically for you.

We reserve the right to charge the full value of the appointment time reserved if we are not given **24-hours notice of cancellation** for follow up appointments, and a full **48-hours** for any 30 minute or first-time appointments.

Schedule your appointments carefully to allow for arriving at least 5-minutes early for each appointment. Time is necessary for proper care. Arriving late does not allow us to provide appropriate care and therefore will be considered a same-day missed appointment. Please call (hands-free) right away if you find you are going to be at all late. Our patient services staff will try our best to pursue if there are any options to get you in, but know we are often booked back-to-back and if nothing can be worked out this may be a missed appointment with a fee; and the cancellation policy will apply.

We charge by the amount of time scheduled for each patient. This allows us to give the best possible care for your specific case. This also allows you to choose the amount of time spent directly with your practitioner. You'll be aware of the fee for your appointment regardless of whether the care provided includes chiropractic adjustments, muscle testing, nutrition therapy, muscle release techniques, exercise therapy, lifestyle education or other services.

Please note that all practitioners at Hope Clinic are independent contractors and may charge different fees for their services. Our front desk patient services staff are happy to help answer questions about any services we provide.

Patient Name	Signature	Date

I understand and agree to abide by the fee structure and cancellation policies of Hope Clinic.