



Chiropractic Etiquette & Policies

Scheduling an appointment at **Agasar Family WellCare at Inner Spa** means time is reserved in your name, just for you.

Appointment Policy. At the time an appointment is reserved, we ask that you complete the New Patient Packet prior to your initial session. We also ask that you bring any recent x-rays or MRI and blood work reports you may have so we can refer to them as part of our case history.

Your initial assessment will take 45-60 minutes, so please allow sufficient time when scheduling your initial session. In order to get the best possible initial assessment, we ask that you wear comfortable clothing that you can easily move in. Multiple layers or bulky items make it more difficult to complete your initial assessment.

Cancellation Policy. We require a minimum of 24 hours advance notice to cancel or change an initial appointment. We will be happy to make changes to your appointment with more than 24-hours notice with no charge. If you cancel with less than 24-hours notice, the initial exam fee will be changed.

We understand that emergencies or unforeseen circumstances may arise throughout the day. In these instances, Agasar Family WellCare may consider a one-time waiver of fees for less than 24-hours notice. However, we kindly request the courtesy of giving us as much advanced notice as possible.

Arrival Times. Please arrive 5-10 minutes prior to your scheduled appointment time. First-time patients should arrive with completed paperwork or a minimum of 30 minutes prior to complete this.

Late Arrivals. First-time patients who arrive late and/or do not have completed paperwork at the time of the scheduled appointment may need to be rescheduled as special time is allotted for initial sessions. Patients who arrive late for an appointment will be seen as quickly as possible in the order in which they arrive. We honor scheduled appointments and value your time, and simply ask that you do the same.

Your signature below indicates that you have read and agree with the above chiropractic etiquette and policies.

Print Name: _____

Signature: _____ Date: _____