

JAMES EDWARD GAYDOS DO

2900 CAMINO DIABLO STE 200

WALNUT CREEK CA 94597

(925) 464-2100 TEL / (925) 464-2110 FAX

CONSULTATIONS IN HEALTH – OSTEOPATHIC MANIPULATION

Patient Registration Form

NAME _____

DATE-OF-BIRTH _____

PARENTS' / GUARDIANS' NAMES _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

HOME/WORK/CELL/EMAIL _____

EMERGENCY CONTACT : _____

TERMS (PLEASE INITIAL EACH LINE SIGNIFYING AGREEMENT)

_____ DR GAYDOS is a Fee for Service Provider. Payment is made at the time of service. We accept cash, personal check, all credit cards and Zelle. You may receive a Billing Receipt for HSA purchases. "Returned check" fee will incur a \$25 charge or whatever the bank charges. Payments for services made greater than 24 hours later will incur a \$10 or 3% charge, whichever is greater.

_____ Dr GAYDOS does not accept Accident Payments, Disability Insurance, Medi-Cal, Medicare, Liens, Insurance Assignment or Worker's Compensation.

_____ PLEASE CREATE AN EVENT in your calendar or smart phone for your scheduled appointment(s), as Dr Gaydos can not make reminder calls.

_____ **CANCELLATIONS must be made TWO Business days, by NOON,**

in advance of your Appointment (e.g., a Monday appointment must be cancelled by Noon the prior Thursday; a Tuesday appointment must be cancelled by Noon the prior Friday; etc). Please Note: Holidays and Weekends are NOT Business Days. This gives us time to accommodate everyone who would like an appointment. Your cooperation is appreciated.

_____ MISSED APPOINTMENTS AND LATE CANCELLATIONS are subject to the cost of the visit.

_____ LATE ARRIVAL APPOINTMENTS will be charged as per a regularly scheduled established visit, and will need to conclude at the normal end time of the scheduled appointment so that each patient will be able to rely upon their scheduled start and end times. I sincerely appreciate your understanding.

_____ DR GAYDOS will ask questions, perform a physical exam that will include the muscles, joints and bones, abdomen and soft tissues, in a discreet manner. Please let me know if you are sensitive to touch in any body areas, as I will be performing visual inspection of complaint areas, light pressure touch over areas, and range of motion, to help reduce or help resolve your presenting complaints. Dr Gaydos will perform Osteopathic Manipulation on each visit as we have time. You will remain fully clothed during the visit. Wearing light and loose-fitting items works the best. Sleep, Activity, Nutrition or Emotional Balancing concepts will be discussed as needed.

_____ Patients RARELY experience any injuries from Osteopathic Manipulation, which is considered one of the safest and non-invasive forms of medical care. Most injuries occur from quick or forceful manipulation, which is NOT used in this office. For purposes of DISCLOSURE the following have been reported from all forms of manipulation, and although they are RARE, patients should be aware of these side effects. Using gentle techniques further reduces the risk of these rare complications: **Worse Pain after treatment, Numbness-Weakness-Shooting Pains, Broken Bones, Spread of Pre-existing Conditions (Infection, Cancer), Blood Clots, Stroke or Blood Vessel Tears.** More commonly, patients report settling in effects of deep relaxation, sleepiness, fatigue, mild soreness, limited flu-like illness. Most common effects last from 2-3 days. **If you have SERIOUS CONCERNS, please call 911, or go to the nearest ER.**

_____ By my Signature, I agree to be treated. If the patient is a minor, I give my consent to have them treated.

Printed Name of Patient _____

Signature of Patient / Guardian: _____

Date: _____