



## Westside Chiropractic of Tolland, LLC

68 Hartford Turnpike Tolland, Connecticut 06084

Phone: 860-875-0029

Fax: 860-875-3445

### PATIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email \_\_\_\_\_

Social Security # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex M F Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Marital Status S M D W P

Spouse's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Referred by \_\_\_\_\_

***I look forward in assisting you in achieving your current health goals  
and to guiding you in maintaining wellness throughout your life.***

### POLICIES AND PROCEDURES

#### NEW PATIENTS — HOW TO BOOK YOUR FUNCTIONAL MEDICINE APPOINTMENT

1. Book your 15 minute complimentary phone call with Dr Shepherd under the Functional Medicine tab. Dr Shepherd will call you at your scheduled time.

2. INITIAL CONSULTATION: Schedule an initial telemedicine appointment under the Schedule your Functional Medicine appointment tab on our website [westsidechiropracticoftolland.com](http://westsidechiropracticoftolland.com). Please leave the best phone number to contact you for this telemedicine appointment. Fill out new patient paperwork and email it to [Erin@westsidechiropracticoftolland.com](mailto:Erin@westsidechiropracticoftolland.com). This is a HIPPA compliant email and your information will be confidential. You can also drop off or mail your paperwork to Westside Chiropractic of Tolland, 68 Hartford Turnpike, Tolland, CT 06084. During your first consultation we will review all of your New Patient Paperwork and determine appropriate lab tests to order to address your specific health concerns. Please leave the best number to reach you for your consultation.

#### PAYMENTS:

1. Payments are due at the time of booking an appointment but are 100% refundable if cancelled 24 hours ahead of scheduled appointment.

2. Rates are as follows: 60 Minute Consult-\$289; 45 minute consult-\$225; 30 minute consult-\$150; 20 minute consult-\$100

3. Methods of payment accepted are Visa, Mastercard or American Express.

I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I authorize the release of my medical information to you. All information is confidential.

**IMPORTANT NOTES:** It is required that you have your own primary care physician. Dr. Shepard does not provide acute care services but will work with you on preventative, nutritional and functional medicine to help address the root cause of chronic health problems. We do not service medical emergencies. If you have a medical emergency, you must contact your primary care physician or dial 911.

I \_\_\_\_\_ have read and understood the Policies and Procedure.  
(please print name)

Date \_\_\_\_\_

Signature \_\_\_\_\_