



Dr. Hennenhoefer Osteopathic
Musculoskeletal Medicine, PLLC

OSTEOPATHIC MUSCULOSKELETAL MEDICINE

Patient Name: _____ Middle Initial _____
DOB: ____/____/____ Sex: M/F/T
Address _____ City _____ State _____ Zip _____
Home # (____) _____ Cell # (____) _____
E-mail address _____

Primary Care Physician _____
Referring Physician (if applicable) _____

Responsible Party Info (if patient is a minor):

Name _____ DOB _____
Relationship to Patient: _____ Home# _____ Cell# _____
Address _____ City _____ State _____ Zip _____

Emergency Contact Information:

Name _____ Phone # _____ Relation _____

Preferred Pharmacy Information:

Pharmacy _____ Location _____



Dr. Hennenhoefler Osteopathic Musculoskeletal Medicine, PLLC

Patient Informed Consent for Medical Treatment

INFORMATION

Osteopathic Manipulative Treatment:

The primary treatment modality used by Dr. Hennenhoefler is known as osteopathic manipulative treatment, which involves hands-on manipulation of joints, muscles, ligaments, and fascia. The goal of this treatment is to optimize the neuromuscular system to improve structure and function, as well as instigate self-healing. This treatment involves a wide range of techniques that vary in their degree of force used, patient involvement, and discomfort. Some techniques will be hardly felt, while others may produce audible "clicks" or "pops" that are both heard and felt by the patient. Dr. Hennenhoefler will employ whichever techniques he feels are best suited to your body and musculoskeletal problems.

The benefits of receiving osteopathic manipulative treatment include, but are not limited to, reduced pain, improved function, and resolution of your musculoskeletal complaints. The consequence of not receiving osteopathic manipulative treatment include, but are not limited to, persistent pain, progression of loss of function, and the possibility that the conditions may worsen to the point of requiring riskier interventions such as surgery.

Alternatives to osteopathic manipulative treatment include, but are not limited to, seeing other medical specialties that address the musculoskeletal system such as physiatrists and sports medicine physicians. While other healthcare practitioners may also address the musculoskeletal system, such as physical therapists, acupuncturists, chiropractors, and massage therapists, these practitioners are not typically physicians and therefore do not represent appropriate medical alternatives to osteopathic manipulative treatment.

The common adverse reactions include, but are not limited to, increased soreness, shifting of pain, exacerbation of previous conditions, worsening of the condition being treated, radiating discomfort, headache, fatigue, and treatment being unsuccessful in its intended purpose/no relief. Of these, post-treatment soreness is the most common and is often an expected reaction to treatment.

Osteopathic manipulative treatment is a medical procedure and with all medical procedures, you must understand and acknowledge that certain severe adverse events, while extremely rare, are possible. These include, but are not limited to, fractures, disc injuries, stroke, spinal cord injury, and death.

CONSENT

1. I recognize that I have a health care condition requiring provider care and hereby voluntarily consent to the customary examinations, tests, and procedures (such as osteopathic manipulative treatment, dry needling, and injection therapies) performed by a provider of osteopathic neuromusculoskeletal medicine and to such routine medical treatment as my provider considers necessary.

2. I recognize that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury or even death. I acknowledge that no guarantees have been made to me as to the result of examination or treatment by the provider.

3. I hereby acknowledge that the details of treatment, including anticipated benefits and material risks, have been explained to me in terms that I understand.

4. I hereby certify that I have provided the physician with an accurate medical history, including history of spinal fusion, acute fractures or dislocations, surgeries, cardiac conditions, vascular conditions, and bony conditions including osteoporosis, bone/joint infections, bone cancer, rheumatoid arthritis, and/or diseases of the spinal cord or bone marrow.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent form and have had the opportunity to ask questions. I intend this consent form to cover the entire course of my treatment for my present conditions and for any future conditions for which I seek treatment:

Print Patient (Or Legal Guardian) Name _____

Signature _____

Date _____



Dr. Hennenhoefer Osteopathic Musculoskeletal Medicine, PLLC

Insurance and Financial Policies

Financial Policy

Dr. Hennenhoefer does not bill nor is he contracted with any private or government insurance providers. As such, patients are responsible for self-billing their own insurance companies. All specific insurance coverage questions and issues should be directed to your insurance company member services department.

The standard charge is **\$175** per office visit. Please be aware that there may be additional charges for separate procedures; however, these will be fully disclosed prior to performing said procedure. Full payment of all charges is due at the time of the visit.

Please feel free to ask any questions regarding this financial policy. By signing below, you agree that you have read and understood this policy and that you agree to abide by it:

****Medicare/Medicaid patients MUST notify our office in order to sign a separate contract. By signing below, you agree that either 1) you do not have Medicare/Medicaid or 2) you have informed our clinic that you have Medicare/Medicaid in order to sign a separate contract agreement.****

I do NOT have Medicare

I DO have Medicare

Motor Vehicle Accidents and Workers' Compensation Policy

While this clinic is dedicated to treating musculoskeletal disorders that are due to any reason, including injury from a motor vehicle accident or an injury incurred at work, we do not file insurance claims, bill insurances, or bill workers' compensation carriers for care provided. All appointments will require payment at time of service. For medico-legal reasons, it is advised that initial workups and evaluations for motor vehicle accidents should be done in the Emergency Department or by the patient's primary care physician. For workers' compensation claims, these injuries should be evaluated by a workers' compensation physician.

By signing below, you acknowledge that you have read and understood the above policies:

Print Patient Name

____/____/____

Date of Birth

Signature of Patient or Responsible Party

Date



Dr. Hennenhoefer Osteopathic Musculoskeletal Medicine, PLLC

Cancellation, No-Show, and Late Arrival Policies

We ask that if you know you will not be able to make your appointment, please cancel at least **48** hours in advance. We understand that sometimes events occur outside of anyone's control, and you may have to cancel the same day. Our clinic policy allows each patient two (2) no-shows or same-day cancellations. If you exceed this amount, you may be dismissed from the practice.

In order to be fair and equitable to all patients, it is kindly requested that you arrive on time for your scheduled appointment. If you arrive more than 15 minutes late, we may not be able to see you. If you cannot be seen due to late arrival, it will count as a "same-day cancellation" and be applied as outlined above. If you know you will be late, please call ahead to determine if you can still be seen when you arrive.

Appointment Reminders *(please choose one)*

For your convenience, our electronic health records system can send you text reminders of your upcoming appointments. Please select which of the following you prefer:

Please send me text reminders at: #(_____) _____

I do not want text reminders

By signing below, you acknowledge that you have read and understood the above policies and will comply with them:

Signature _____



OSTEOPATHIC MUSCULOSKELETAL MEDICINE

Notice of Privacy Practices

I acknowledge that I have access to a copy of Dr. Hennenhoefer Osteopathic Musculoskeletal Medicine, PLLC Privacy Practices (*attached to this packet and at www.drHosteopathic.com) and that it is my responsibility to read the notice to understand how my or my dependent's protected health information may be used.

I understand no authorization is required from me in order for Dr. Hennenhoefer Osteopathic Musculoskeletal Medicine, PLLC to use my or my dependent's protected health information for purposes of treatment or health care operations. Other uses or disclosures may require my written authorization.

Signature: _____ Date: _____

Authorized Person(s) for Protected Health Information Disclosure

I hereby authorize Dr. Hennenhoefer Osteopathic Musculoskeletal Medicine, PLLC to disclose any and all of my medical and protected health information to the following person(s) indicated below:

Name	Relationship	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____