



The Applied Kinesiology Center of New York Maximizing Health & Human Performance...Naturally

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Did you know that your *muscles* are the largest *organ* in your body and that they communicate with your other organs?

If you want to enjoy pain-free movement and live life as richly as possible, your muscles and joints need to be healthy, strong and functioning optimally.

To *maximize your performance* in business, athletics or academics you need to have internal stressors removed from your muscular system, all of which impede you from being yourself at your best.

This is where Applied Kinesiology (AK) comes in. AK uses **muscle testing** to uncover the *reasons* WHY you are in pain or not performing to the best of your abilities. Sometimes these reasons are so subtle that they may have eluded other doctors, often very good ones.

How does AK do this?

Studies have found that muscles are actually organs and relate to other organs by releasing proteins known as “myokines.” Muscle testing provides a *dynamic* way to determine what is happening in your body through this muscle/organ relationship.

A doctor certified in applied kinesiology uses muscle testing to find the muscle problem and decide the best course of therapy for you; you, the individual. In other words, therapies are designed to treat the person, not the condition. WHY?

Because a single condition can have many different causes. For instance, ten different people may come in with headaches or low back pain and each person may require totally different treatments – because each person has a different cause for his or her symptoms.

Once the cause is found the best course of therapy is implemented. This can include:

- * Muscle strengthening techniques
- * Chiropractic adjustments
- * Nutritional Supplementation
- * Cranial / Sacral therapy
- * Acupuncture / Acupressure
- * Exercises specifically designed for you
- * Complimentary medical therapies

Essentially, Applied Kinesiologists:

1. Make **sense** out of what may have been *senseless* to you and other doctors.
2. **Correct** the *cause* of your problem
3. **Teach** you what to do so it *never* comes back so you can be yourself at your best.

Obviously, regular applied kinesiology treatments will keep you out of pain, however it does much more than this.

Through muscle testing a professional applied kinesiologist can detect potential health issues before they become serious health problems - sometimes manifesting in different parts of the body.

For example, muscle testing allows a highly trained applied kinesiologist to find that a bone in the neck is not moving correctly and it is causing symptoms in your shoulder or elbow. You may go to doctor after doctor who all specialize in shoulders or elbows and yet you get no relief...even after surgery.

This is because you do not have a shoulder or elbow problem. You feel shoulder or elbow *pain* because you have a neck *problem* causing the pain in the shoulder or elbow.

Once you start receiving treatment at **The Applied Kinesiology Center of New York** you will experience how good you are supposed to feel. You will never again accept those false platitudes such as, "this is as good as it gets," "you don't have the talent to accomplish your goals." or that "pain and decreased energy comes with age."

Our goal is to remove restrictions so you are able to be yourself at your best. Your mind and body will be functioning as close to perfect as they can. The greatest football coach in history, Vince Lombardi, best expresses our goal for you:

"Gentlemen, we are going to relentlessly chase perfection, knowing full well we will not catch it, because nothing is perfect. But we are going to relentlessly chase it, because in the process we will catch excellence. I am not remotely interested in just being good."

No one remembers Alexander The Good or Catherine The Mediocre. Come experience applied kinesiology for yourself and see how *great* you are capable of feeling and what *greatness* you are capable of doing. This will occur if you are willing to take responsibility for your life and do your work also.

People often find it difficult to explain AK. One patient (an actual rocket scientist) may have said it best. He was skeptical at first; however, upon rising from the table free from pain after his first treatment, he looked Dr. Charles in the eye and simply said:

"As a scientist, I have to tell you that what you do makes absolute sense." NASA physicist

The Applied Kinesiology Center of New York

Maximizing Health & Human Performance...Naturally

36 East 36th Street, New York, NY 10016

Patients: (212) 683-9328 / <http://www.charlesseminars.com/private.html>

Seminars: (800) 351 - 5450 / <http://www.charlesseminars.com/ak.html>

The Applied Kinesiology Center of New York

PATIENT INTRODUCTION

Today's Date

Patient

Home Phone

Work Phone

Cell Phone

Email

Home Address

Employer's Name & Address

Date of Birth:

Age:

Who referred you to our office

(Please complete side 2)

PURPOSE OF THIS APPOINTMENT: _____

DATE OF ILLNESS /INJURY: _____ HOUR: _____ AM/PM

HOW DID ACCIDENT OCCUR? ☐ AUTO COLLISION ☐ ON -THE-JOB ☐ OTHER: _____

PLEASE DESCRIBE THE CIRCUMSTANCES: _____

HAVE YOU LOST TIME FROM WORK DUE TO THE INJURY? ☐ YES ☐ NO DATES: _____

NAME ANY OTHER DOCTORS SEEN FOR THIS INJURY: _____

MEDICATIONS TAKEN PRESENTLY: _____

PRIOR SURGERIES: _____

PREVIOUS ACCIDENTS/INJURIES: _____

HAVE YOU BEEN TREATED FOR ANY HEALTH CONDITION BY A PHYSICIAN IN THE LAST YEAR? ☐ YES ☐ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN TO A CHIROPRACTOR/KINESIOLOGIST BEFORE? ☐ YES ☐ NO NAME OF DOCTOR: _____

(CIRCLE APPROPRIATE)

PLACE AN "X" NEXT TO THE ITEMS YOU PRESENTLY, OR HAVE PREVIOUSLY, SUFFERED FROM:

NERVOUS-MUSCULAR-SKELETAL SYSTEM

-Arthritis
-Broken Bones Where.....
-Neck Problems
-Pain Between Shoulders
-Low Back Problems
-Shoulder-Elbow-Hand Problems Where.....
-Hip-Knee-Foot Problems Where.....
-Muscle Stiffness
-Sore Muscles
-Muscle Spasms
-Gout
-Numbness Where.....
-Tingling Where.....
-Paralysis
-Nervousness

HEAD AND NECK

-Headaches Frequency.....
-Head Injury
-Fainting Spells
-Dizzy Spells
-Seizures
-Jaw Pain
-Depression
-Difficulty Swallowing

RESPIRATORY SYSTEM

-Asthma
-Emphysema
-Persistent Cough
-Pain When Breathing
-Difficulty Breathing
-Lung Disease

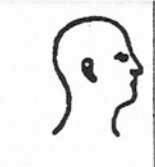
CIRCULATORY SYSTEM

-Anemia
-Varicose Veins
-Chest Pain
-High Blood Pressure
-Heart Disease
-Rapid Heart Beat
-Arteriosclerosis
-Stroke

DIGESTIVE SYSTEM

-Abdominal Pain
-Constipation
-Diarrhea
-Heartburn
-Nausea
-Excessive Weight Gain
-Excessive Weight Loss
-Ulcers
-Gas

Draw in your area of pain on the figures below



-Chicken Pox
-Measles
-Cold Sores
-Shingles
-T.B.
-Rheumatic
-Fever
-Cancer
-Kidney Trouble
-Diabetes
-Allergies
-Other

FEMALES ONLY:

- Are you pregnant? Yes..... No.....
- Months.....
- Date of last period.....
- # of children.....
- # of miscarriages.....
- Menstrual Cramping.....
- Menstrual Irregularity.....
- Lumps in breast.....
- Hot Flashes.....

SIGNATURE: _____ DATE: _____

(If patient is a minor, name of parent, guardian, etc.)

SYMPTOM SURVEY FORM

Patient _____ Doctor Dr. Eugene Charles Date _____

Vegetarian: Yes ☐ No ☐

INSTRUCTIONS: Fill in only the circles which apply to you. Leave blank if you don't have the problem.

* Fill in the circle marked 1 for MILD symptoms (occur once or twice a year). ●○○

* Fill in the circle marked 2 for MODERATE symptoms (occur several times a month). ○●○

* Fill in the circle marked 3 for SEVERE symptoms (you are aware of it almost constantly). ○○●

Leave circles **BLANK** if they don't apply to you! ○○○

GROUP ONE

- | | | |
|-------------------------------|--|-------------------------------|
| 1 ○○○ Acid foods upset | 8 ○○○ Gag easily | 15 ○○○ Appetite reduced |
| 2 ○○○ Get chilled often | 9 ○○○ Unable to relax; startles easily | 16 ○○○ Cold sweats often |
| 3 ○○○ "Lump" in throat | 10 ○○○ Extremities cold, clammy | 17 ○○○ Fever easily raised |
| 4 ○○○ Dry mouth-eyes-nose | 11 ○○○ Strong light irritates | 18 ○○○ Neuralgia-like pains |
| 5 ○○○ Pulse speeds after meal | 12 ○○○ Urine amount reduced | 19 ○○○ Staring, blinks little |
| 6 ○○○ Keyed up - fail to calm | 13 ○○○ Heart pounds after retiring | 20 ○○○ Sour stomach often |
| 7 ○○○ Cut heals slowly | 14 ○○○ "Nervous" stomach | |

GROUP TWO

- | | | |
|---|---|---|
| 21 ○○○ Joint stiffness on arising | 29 ○○○ Digestion rapid | 37 ○○○ "Slow starter" |
| 22 ○○○ Muscle-leg-toe cramps at night | 30 ○○○ Vomiting frequent | 38 ○○○ Get "chilled" infrequently |
| 23 ○○○ "Butterfly" stomach, cramps | 31 ○○○ Hoarseness frequent | 39 ○○○ Perspire easily |
| 24 ○○○ Eyes or nose watery | 32 ○○○ Breathing irregular | 40 ○○○ Circulation poor, sensitive to cold |
| 25 ○○○ Eyes blink often | 33 ○○○ Pulse slow; feels "irregular" | 41 ○○○ Subject to colds, asthma, bronchitis |
| 26 ○○○ Eyelids swollen, puffy | 34 ○○○ Gagging reflex slow | |
| 27 ○○○ Indigestion soon after meals | 35 ○○○ Difficulty swallowing | |
| 28 ○○○ Always seems hungry; feels "lightheaded" often | 36 ○○○ Constipation, diarrhea alternating | |

GROUP THREE

- | | | |
|---------------------------------------|---|--|
| 42 ○○○ Eat when nervous | 49 ○○○ Heart palpitates if meals missed or delayed | 53 ○○○ Crave candy or coffee in afternoons |
| 43 ○○○ Excessive appetite | 50 ○○○ Afternoon headaches | 54 ○○○ Moods of depression - "blues" or melancholy |
| 44 ○○○ Hungry between meals | 51 ○○○ Overeating sweets upsets | 55 ○○○ Abnormal craving for sweets or snacks |
| 45 ○○○ Irritable before meals | 52 ○○○ Awaken after few hours sleep - hard to get back to sleep | |
| 46 ○○○ Get "shaky" if hungry | | |
| 47 ○○○ Fatigue, eating relieves | | |
| 48 ○○○ "Lightheaded" if meals delayed | | |

GROUP FOUR

- | | | |
|--|---|---|
| 56 ○○○ Hands and feet go to sleep easily, numbness | 63 ○○○ Get "drowsy" often | 68 ○○○ Bruise easily, "black and blue" spots |
| 57 ○○○ Sigh frequently, "air hunger" | 64 ○○○ Swollen ankles, worse at night | 69 ○○○ Tendency to anemia |
| 58 ○○○ Aware of "breathing heavily" | 65 ○○○ Muscle cramps, worse during exercise; get "charley horses" | 70 ○○○ "Nose bleeds" frequent |
| 59 ○○○ High altitude discomfort | 66 ○○○ Shortness of breath on exertion | 71 ○○○ Noises in head, or "ringing in ears" |
| 60 ○○○ Opens windows in closed rooms | 67 ○○○ Dull pain in chest or radiating into left arm, worse on exertion | 72 ○○○ Tension under the breastbone, or feeling of "tightness", worse on exertion |
| 61 ○○○ Susceptible to colds and fevers | | |
| 62 ○○○ Afternoon "yawner" | | |

SYMPTOM SURVEY FORM - PAGE 2

GROUP FIVE

- 1 2 3
73 ○○○ Dizziness
74 ○○○ Dry skin
75 ○○○ Burning feet
76 ○○○ Blurred vision
77 ○○○ Itching skin and feet
78 ○○○ Excessive falling hair
79 ○○○ Frequent skin rashes
80 ○○○ Bitter, metallic taste in mouth in mornings
81 ○○○ Bowel movements painful or difficult
82 ○○○ Worrier, feels insecure

- 1 2 3
83 ○○○ Feeling queasy; headache over eyes
84 ○○○ Greasy foods upset
85 ○○○ Stools light colored
86 ○○○ Skin peels on foot soles
87 ○○○ Pain between shoulder blades
88 ○○○ Use laxatives
89 ○○○ Stools alternate from soft to watery
90 ○○○ History of gallbladder attacks or gallstones

- 1 2 3
91 ○○○ Sneezing attacks
92 ○○○ Dreaming, nightmare type bad dreams
93 ○○○ Bad breath (halitosis)
94 ○○○ Milk products cause distress
95 ○○○ Sensitive to hot weather
96 ○○○ Burning or itching anus
97 ○○○ Crave sweets

GROUP SIX

- 1 2 3
98 ○○○ Loss of taste for meat
99 ○○○ Lower bowel gas several hours after eating
100 ○○○ Burning stomach sensations, eating relieves

- 1 2 3
101 ○○○ Coated tongue
102 ○○○ Pass large amounts of foul-smelling gas
103 ○○○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.

- 1 2 3
104 ○○○ Mucous colitis or "irritable bowel"
105 ○○○ Gas shortly after eating
106 ○○○ Stomach "bloating" after eating

GROUP SEVEN

- (A)
1 2 3
107 ○○○ Insomnia
108 ○○○ Nervousness
109 ○○○ Can't gain weight
110 ○○○ Intolerance to heat
111 ○○○ Highly emotional
112 ○○○ Flush easily
113 ○○○ Night sweats
114 ○○○ Thin, moist skin
115 ○○○ Inward trembling
116 ○○○ Heart palpitates
117 ○○○ Increased appetite without weight gain
118 ○○○ Pulse fast at rest
119 ○○○ Eyelids and face twitch
120 ○○○ Irritable and restless
121 ○○○ Can't work under pressure

- (B)
1 2 3
122 ○○○ Increase in weight
123 ○○○ Decrease in appetite
124 ○○○ Fatigue easily
125 ○○○ Ringing in ears
126 ○○○ Sleepy during day
127 ○○○ Sensitive to cold
128 ○○○ Dry or scaly skin
129 ○○○ Constipation
130 ○○○ Mental sluggishness
131 ○○○ Hair coarse, falls out
132 ○○○ Headaches upon arising, wear off during day
133 ○○○ Slow pulse, below 65
134 ○○○ Frequency of urination
135 ○○○ Impaired hearing
136 ○○○ Reduced initiative

- (C)
1 2 3
137 ○○○ Failing memory
138 ○○○ Low blood pressure
139 ○○○ Increased sex drive
140 ○○○ Headaches, "splitting or rending" type
141 ○○○ Decreased sugar tolerance

- (D)
1 2 3
142 ○○○ Abnormal thirst
143 ○○○ Bloating of abdomen
144 ○○○ Weight gain around hips or waist
145 ○○○ Sex drive reduced or lacking
146 ○○○ Tendency to ulcers, colitis
147 ○○○ Increased sugar tolerance
148 ○○○ Women: menstrual disorders
149 ○○○ Young girls: lack of menstrual function

- (E)
1 2 3
150 ○○○ Dizziness
151 ○○○ Headaches
152 ○○○ Hot flashes
153 ○○○ Increased blood pressure
154 ○○○ Hair growth on face or body (female)
155 ○○○ Sugar in urine (not diabetes)
156 ○○○ Masculine tendencies (female)

- (F)
1 2 3
157 ○○○ Weakness, dizziness
158 ○○○ Chronic fatigue
159 ○○○ Low blood pressure
160 ○○○ Nails weak, ridged
161 ○○○ Tendency to hives
162 ○○○ Arthritic tendencies
163 ○○○ Perspiration increase
164 ○○○ Bowel disorders
165 ○○○ Poor circulation
166 ○○○ Swollen ankles
167 ○○○ Crave salt
168 ○○○ Brown spots or bronzing of skin
169 ○○○ Allergies - tendency to asthma
170 ○○○ Weakness after colds, influenza
171 ○○○ Exhaustion - muscular and nervous
172 ○○○ Respiratory disorders

SYMPTOM SURVEY FORM - PAGE 3

-GROUP EIGHT-

- | | 1 | 2 | 3 | |
|-----|-----------------------|-----------------------|-----------------------|--------------------|
| 198 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Apprehension |
| 199 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Irritability |
| 200 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Morbid fears |
| 201 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hypochondria |
| 202 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Forgetfulness |
| 203 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Indigestion |
| 204 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Poor appetite |
| 205 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Craving for sweets |
| 206 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscular soreness |
| 207 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depression |

- | | 1 | 2 | 3 | |
|-----|-----------------------|-----------------------|-----------------------|--|
| 208 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Noise sensitivity |
| 209 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Acoustic hallucinations |
| 210 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to cry without reason |
| 211 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling something dreadful will happen |
| 212 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Weakness |
| 213 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fatigue |
| 214 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neuralgia |
| 215 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neuritis |

- | | 1 | 2 | 3 | |
|-----|-----------------------|-----------------------|-----------------------|-------------|
| 216 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nervousness |
| 217 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Headache |
| 218 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Insomnia |
| 219 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anxiety |
| 220 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anorexia |
| 221 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Distraction |
| 222 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Confusion |
| 223 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dizziness |
| 224 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Instability |

-FEMALE ONLY-

- | | 1 | 2 | 3 | |
|-----|-----------------------|-----------------------|-----------------------|--|
| 173 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very easily fatigued |
| 174 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Premenstrual tension |
| 175 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Painful menses |
| 176 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depressed feelings before menstruation |
| 177 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menstruation excessive and prolonged |
| 178 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Painful breasts |

- | | 1 | 2 | 3 | |
|-----|-----------------------|-----------------------|-----------------------|------------------------------|
| 179 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menstruate too frequently |
| 180 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vaginal discharge |
| 181 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hysterectomy/ovaries removed |
| 182 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menopausal hot flashes |
| 183 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Menses scanty or missed |
| 184 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Acne, worse at menses |
| 185 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depression of long standing |

-MALE ONLY-

- | | 1 | 2 | 3 | |
|-----|---|---|---|--|
| 186 | ○ | ○ | ○ | Prostate trouble |
| 187 | ○ | ○ | ○ | Urination difficult or dribbling |
| 188 | ○ | ○ | ○ | Night urination frequent |
| 189 | ○ | ○ | ○ | Depression |
| 190 | ○ | ○ | ○ | Pain on inside of legs or heels |
| 191 | ○ | ○ | ○ | Feeling of incomplete bowel evacuation |
| 192 | ○ | ○ | ○ | Lack of energy |
| 193 | ○ | ○ | ○ | Migrating aches and pains |
| 194 | ○ | ○ | ○ | Tire too easily |
| 195 | ○ | ○ | ○ | Avoids activity |
| 196 | ○ | ○ | ○ | Leg nervousness at night |
| 197 | ○ | ○ | ○ | Diminished sex drive |

IMPORTANT

Please list the five main complaints you have in the order of their importance:

1. _____
2. _____
3. _____
4. _____
5. _____

BARNES THYROID TEST

This test was developed by Dr. Broda Barnes, M.D. and is a measurement of the underarm temperature to determine hypo and hyperthyroid states. The test is conducted by the patient in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES

Any two days during the month

FEMALES HAVING MENSTRUAL CYCLES

The 2nd and 3rd day of flow OR any 5 days in a row

MALES

Any 2 days during the month

You can do the following test at home to see if you may have a functional low thyroid. Use an oral thermometer or a digital one. When you use a digital one, place the probe under your arm for 5 minutes then turn your machine on; continue on for an additional 5 minutes. When using a regular one, shake down the night before.

[illegible]

SYMPTOM SURVEY FORM - PAGE 4

Please list any medications you are taking:

☐ No Medications

Please list any vitamins, herbs, or supplements you are taking:

☐ No Vitamins

Please list any allergies you have:

☐ No Allergies

Please list any surgeries you have had in the past 12 months:

☐ No Recent Surgeries

Please list any other surgeries or medical procedures you have had:

☐ No Other Surgeries

TO BE COMPLETED BY DOCTOR

Blood Pressure: Recumbent _____ Standing _____

Pulse: Recumbent _____ Standing _____

Hema-Combistix Urine Readings: pH _____ Albumin % _____ Glucose % _____

Occult Blood _____ pH of Saliva _____ pH of Stool Specimen _____

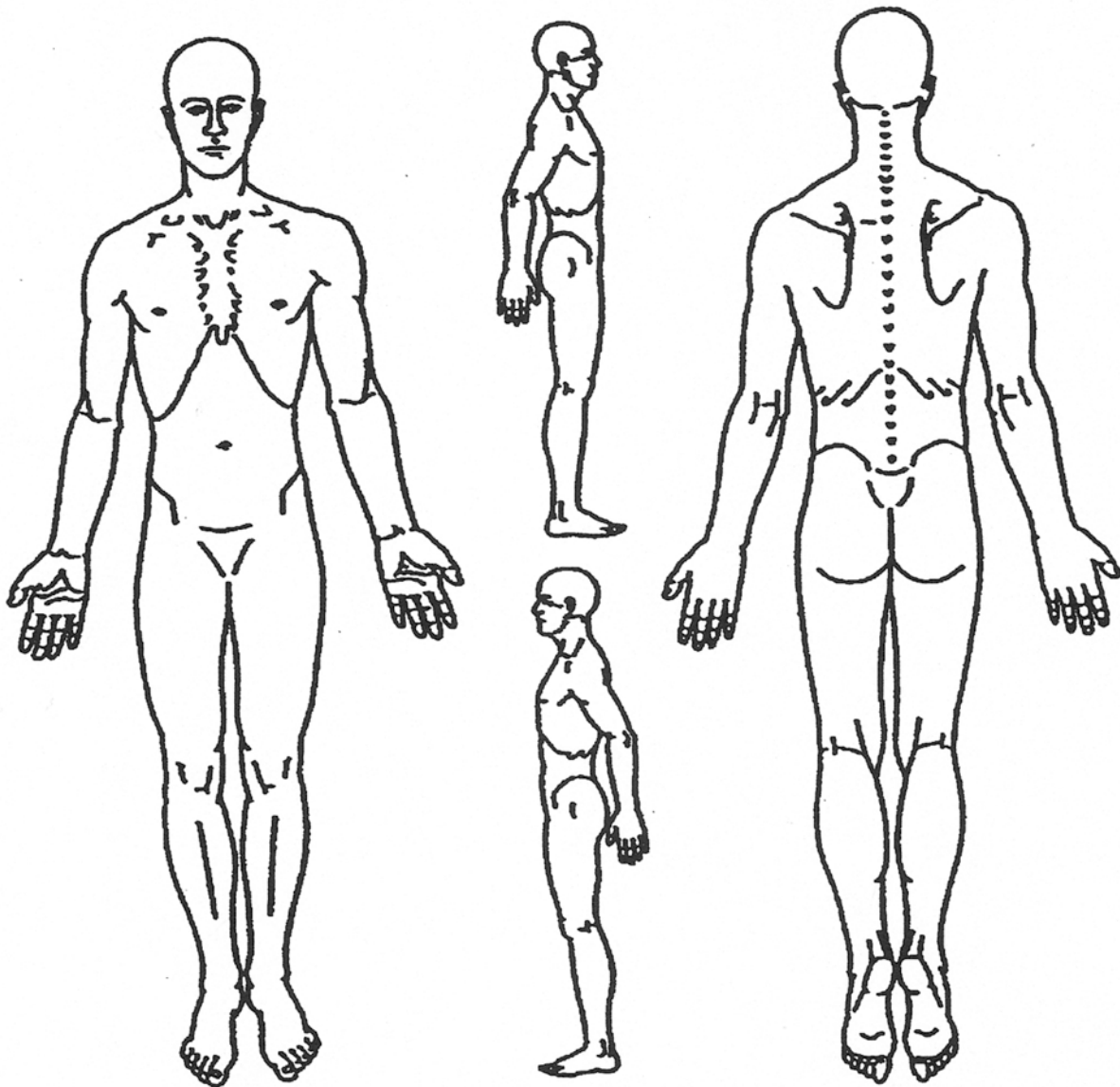
Blood Clotting Time _____ Hemoglobin _____ Blood Type _____ Weight _____

SYMPTOM SURVEY FORM - PAGE 5

Use the letters listed below to indicate the type and location of your pain and sensations:

KEY

- A = ACHE
- B = BURNING
- S = STABBING
- N = NUMBNESS
- P = PINS & NEEDLES
- O = OTHER



PLEASE INDICATE THE LEVEL OF PAIN YOU ARE EXPERIENCING

NO PAIN

SEVERE PAIN

0 1 2 3 4 5 6 7 8 9 10

Patient Signature _____ Date _____

The Applied Kinesiology Center of New York

Maximizing Health & Human Performance...Naturally

36 East 36th Street, New York, NY 10016

Patients: (212) 683-9328 / <http://www.charlesseminars.com/private.html>

Seminars: (800) 351 - 5450 / <http://www.charlesseminars.com/ak.html>

DATE: _____

As a courtesy to our patients who are waiting for available appointments we ask that you give 24 hours of cancellation so that time can be given to another. If 24 hours notice is not given you will be responsible for the office visit fee. Please sign below to acknowledge this policy. Thank you.

Patient Signature