

Confidential Patient Information - NET

(Please Print)

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: (____) _____ Work: (____) _____ Cell/Pgr: (____) _____

Birth Date: ____/____/____ Age: ____ Sex: M F Marital Status: S M W D

How did you hear about us? _____

For scheduling purposes and the follow-up process, what are the most convenient times to contact you:

It's okay to call me at: Home Work Cell Anytime or _____

Important Notice: *This office may use homeopathic remedies containing alcohol during your NET visit. It is important for us to know if you are alcohol intolerant. I am alcohol intolerant: (___Yes ___No)*

To assist you in getting the most out of this NET session, it is important to know what you wish to accomplish.

1.

2.

List any notable (positive or negative) events, persons or situations of which you feel it's important to discuss with Dr. Hoover.



David W. Hoover, D.C.
16990 Dallas Parkway, Suite 110
Dallas, TX 75248
214-505-5600

David W. Hoover, D.C.
6300 Ridglea Place – Suite 1100
Fort Worth, TX 76116
817-346-2211

Dear Client:

Listed below are some of our policies and fee information that may be useful.

NEURO-EMOTIONAL TECHNIQUE / CONGRUENT CONSULTING INFORMATION

It is greatly encouraged that you obtain our informational brochure and /or video prior to your initial visit. These are available beforehand from our office. If you have any questions or concerns, Dr. Hoover will gladly address them before your first session.

INTRODUCTORY SESSION RATES:

To allow more people to experience NET for themselves, an introductory session will be scheduled for you to meet with Dr. Hoover to discuss how the NET technology may be helpful to you. This introductory session will allow you to receive important information regarding NET and have the opportunity to briefly discuss any questions you may have with Dr. Hoover. The fee for this initial session is \$75. This visit will provide you with a better understanding of NET and how it will be beneficial to you in your future sessions. Recommendations will be made based upon this session.

FOLLOW-UP NET SESSION RATES:

Follow-up sessions are available at our established hourly rate. Current fee schedules are available upon request. Some clients choose to schedule multiple sessions when working on complex or extremely difficult challenges. So we may allow sufficient time for you, please feel free to discuss your goals and objectives with Dr. Hoover prior to scheduling sessions. Additionally, NET sessions are available on location. Rates for sessions outside our office may be obtained by written request. Fees are due immediately following the session.

NET / Congruent Consulting is not reimbursed through an insurance plan. There are not any applicable insurance billing codes for this service.

NO RISK SATISFACTION GUARANTEE:

All sessions carry a satisfaction guarantee. If for any reason either you or the doctor decides to end the session within the first 10 minutes, no charges will be made. After the first ten minutes, it will be understood both parties deem the consulting process to be valuable and the applicable fees will be charged. Either party may terminate the session at any time.

DISCLAIMERS:

I understand that Dr. Hoover's attempts to coordinate my body and nervous system are not the practice of psychology or psychiatry. If any other medical specialist or specialized form of consulting is indicated at any time in my case, it is understood that a proper referral will be made. Dr. Hoover cannot guarantee results due to the fact that results vary from person to person. The value of the NET / Congruent Consulting is to be determined by the client utilizing the technology, ideas and concepts of the NET / Congruent Consulting consultant.

I have read and agree with the above and acknowledge doing so by my signature.

Signature _____ Date _____



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Chiropractic Consulting Disclaimer

The Congruent Consulting technology is a system of health-success methodologies which includes the finding and removing of neurological aberrations called Neuro Emotional Complexes (N.E.C.s) in the human organism. N.E.C.s have, as a component part, a spinal subluxation. These aberrations have, as a component part, specific emotional neurophysiological patterns. The technology ultimately is a methodology of making rational and physiologically emotional functions congruent via spinal adjustments.

Emotions are physiologically based functions which normally do not present any neurophysiological problems. Occasionally, emotional trauma in the presence of neurological deficit (lowered resistance) causes a neurological pattern (N.E.C) in the body which does not resolve of itself. The result is an embodied non-extinguished conditioned response. These old, unresolved responses interfere with the central nervous system's ability to function properly in various everyday recreational and workplace situations.

The Congruent Chiropractic Consulting technology seeks to normalize this pattern by spinal adjustments which in turn affect a physiological change, resulting in a new ability to utilize your own success concepts.

Emotions also have a psychological aspect. However, this technology is not psychology or psychiatry. It does not involve any type of psychotherapy or a "talk-it-out" approach to emotions. Psychological aspects of emotional health will be referred out to appropriate health care professionals, such as a psychologist or psychiatrist.

Additionally, this technology does not deal with the spiritual realm. It does not exorcise demons or entities. It does not predict the future or deal in any way with the occult or parapsychology. It does not make claims as to what events may have historically happened in the past. It does not tell people what they psychological plan of action make, must, or should be for the future. To present, there have been no formal scientific protocol studies completed that validate the efficacy of the technology. The value is to be determined by the client utilizing the technology, ideas, and concepts of the doctor.

In additions, the services provided by the attending doctor are considered "elective" procedures and are not reimbursable by insurance companies. Should an insurance company be mistakenly billed for these services, it is likely a letter will be sent to the doctor requesting a report of service. The doctor will reply that the services rendered were elective in nature and attach a copy of this disclaimer.

I have read and consent to the concepts and disclaimers presented above.

Client's Signature _____ Date _____

- Information I would like to share with Dr. Hoover
- Questions I would like to ask Dr. Hoover