Dr. Timothy Fleming

Holistic Doctor • Chiropractor • Medical Intuitive

drtimfleming.com
303-444-3833

Welcome!

Dr. Fleming believes in providing the best, natural health care possible to his patients. He uses therapies and techniques such as chiropractic adjustments (including low-force and other styles), homeopathy, nutrition, meridian therapy, emotional release techniques, and lifestyle management to help you achieve wellness. In addition to office appointments, he also offers medical intuitive services through phone and video-call appointments. For more information regarding Dr. Fleming's services, please see the website above.

Hours:

Monday – Friday (eastern time zone, please call for after-hours availability)	9:00 am - 5:00 pm

Fees:

Adult first appointment (60 min.)	$270.00
Adult standard appointment (30 min.)	$135.00
Adult brief appointment (15 min.)	$90.00
Child first appointment (ages birth to 17)	$210.00
Child standard appointment	$105.00
Child brief appointment	$75.00

Policies and Procedures:

- All fees are for standard office and phone appointments. The cost of an appointment extending past 30 minutes is pro-rated by the total minutes, at the respective adult or child hourly rate, and rounded to the nearest $5 amount. Items such as supplements are at an additional cost.

- Payment is required at the time of service and can be made through cash, checks, Venmo, GooglePay, PayPal, Visa, MasterCard, Discover, and American Express. Please note that for international phone clients, the accepted forms of payments are Visa, MasterCard, and American Express only. Please plan to make these arrangements at the time of your visit. Dr. Fleming does not bill insurance companies directly but can provide you with the paperwork needed for you to submit to your insurance company upon request. All unpaid balances over 30 days are subject to a 1.5% interest fee per month. The above rates are adjusted each October to account for inflation.

- Appointment changes and cancellations require a 24-hour notice. You may contact the office by phone or email for any office communication. ***Please note that text messages are not used for office communication.*** Missed or cancelled appointments without a 24-hour notification are subject to a full charge of the above

fees. Appointments are scheduled for a certain amount of time. If you are late, you will have the opportunity to receive the remaining time of your appointment.

- The first appointment will consist of Dr. Fleming performing a full history, exam, and report regarding your concerns. Additional studies such as lab tests, x-rays, etc. may be required. Once the necessary information has been obtained, Dr. Fleming will explain the care required for you to achieve wellness and if time allows, will give you the option to receive a treatment on the first visit following the report.

- The typical routine for each office visit including the first appointment will be as follows: When Dr. Fleming is available, he will accompany you back to the office. Upon entering, please remove your jewelry, watch, belt, pocket contents, shoes, and any heavy clothing such as thick sweaters. A small bowl and coat rack will be available in the room for these items. Following each office visit, Dr. Fleming recommends that you take time to drink some water and relax before continuing on with your day. The two elements of rest and water are very helpful with this type of care and encourage habits that enhance life and wellness.

- The typical routine for a phone appointment is that Dr. Fleming will call you at the scheduled time at your provided phone number or video-call number. Please be ready to receive the call in a place where you will not be distracted for the duration of the appointment and have a pen, paper, and glass of water available, along with any other supplements or items you would like to discuss or test in that appointment nearby. As a courtesy to our clients, audio recordings are typically offered for phone appointments and can be requested for in-person appointments as well. Occasionally there are technical problems with the equipment or communication network that may render the recording unavailable or missed. If it is important to you to have a recording of a particular appointment, please take steps to make your own recording as a back-up in the event of such problems.

- We enjoy having children in the office; however, you are responsible for your children at all times. In order to maintain the healing environment of the office, we ask that you help your children refrain from inappropriate behavior and loud noises. For the safety and enjoyment of others, please see to it that your children clean up after themselves in the waiting area.

- If you have any questions regarding the services or products offered by Dr. Fleming please ask and we will assist you as much as possible.

A question you may ask yourself..."Am I in the right place?"

You are in the right place if you are looking for...

- Health care that focuses on identifying and correcting the underlying causes of health concerns.
- Holistic health care for you and your family that treats the individual and all that their life entails.
- Results that are directed at goals such as permanent relief, full correction, prevention, and wellness.
- The opportunity to have an active role in your healing process and health maintenance.
- A health care plan that detects dysfunction well before it manifests as a problem or serious illness.
- An approach that emphasizes self-awareness, intuition, and personal experience as primary validators of what to believe.

You may not be in the right place if you are looking for...

- Health care that is based on treating only the symptoms and diseases of individuals.
- A label or diagnosis for your health concerns.
- Medications and treatment for only temporary relief of a current health issue.
- A personal role of not being involved in your healing and health maintenance process.
- A doctor who treats only certain types of people with certain kinds of health issues.
- An approach that emphasizes science, medical tests, and the view of a doctor as primary validators of what to believe.

Medical Intuitive Disclaimer

Dr. Fleming's work is based on the fundamental principal that there is a life force and wisdom within the body that is the source of life and is what heals. He does not believe that healing comes from himself or the treatment, but that he facilitates or assists with the healing that comes from within. In addition to conventional diagnostic methods, Dr. Fleming uses a type of testing analysis that relies on his intuition to determine the causes of a client's health concerns and the necessary steps to take. This intuitive form of testing accesses this inner wisdom to determine what is best for the client. The role of Dr. Fleming and the treatments is to assist and guide the client to connect with this inner healing power. It is important to understand that intuitive testing is not currently accepted by the medical establishment as an appropriate form of diagnosis, and this fundamental principal differs substantially from the traditional medical model and role of the doctor or medical treatment.

Dr. Fleming's intuitive testing can be highly specific and accurate, with the capacity for results that may appear to define literal facts or truths; however, it is best to understand this information as a source of guidance. This form of testing also comes with inherent limitations, including times when the information may seem wrong, contradict prior information from another appointment, differ from what other doctors have said, or not reflect what a medical test has indicated. Unknown variables in the client's life or Dr. Fleming's life can influence the information he receives. Factors involved with a client's health concern may be hidden from Dr. Fleming's testing without his awareness. Symptom improvement may or may not occur for various reasons, some of which may be out of the control or understanding of Dr. Fleming or the client. While these situations are not common, when they do occur it may feel confusing. Dr. Fleming will generally say that even these situations happen for a good reason, even if he does not fully understand why. A potential explanation could be, "Healing sometimes occurs in different phases that aren't fully understood and will not be revealed until later," or "Sometimes painful or difficult experiences with our life or health are necessary to live through to teach us something that may not make sense in the moment." The accuracy and effectiveness of Dr. Fleming's intuitive work is based on his implicit trust in the fundamental principal mentioned above. Having a sense of faith, while not being required to work with Dr. Fleming, makes understanding and navigating these situations much easier.

If at any point you are concerned or confused about the information received from Dr. Fleming, or feel that additional diagnostic tests are needed, he encourages your questions and will discuss further medical testing or assist you with obtaining a second opinion from the appropriate healthcare professional.

General Information

Name:_____ Age:_____ Full time student? ❑Yes ❑No Sex: ❑M ❑F
Address:_____ City:_____ State:_____ Zip:_____
Home Phone:_____ Cell Phone:_____ E-mail:_____
Date of Birth:_____ Height:_____ Weight:_____ Marital Status: ❑S ❑M ❑D ❑W Children (#):_____
Occupation:_____ Employer:_____ Work Phone:_____ Ext:_____
Past Chiropractic Care?❑Yes ❑No When?_____ Results:_____
Spouse/Partner's Name:_____ How did you hear of us?_____

Present Condition

Primary Concern:_____ Symptoms first appeared:_____
Are your symptoms due to an injury? ❑Yes ❑No If yes, please explain:_____
When do you have these symptoms?_____
Are your symptoms getting worse? ❑Yes ❑No ❑Unknown Please explain any patterns to these symptoms:_____
_____
Do these symptoms interfere with ❑Sitting ❑Standing ❑Walking ❑Bending ❑Lying ❑Sleeping ❑All Daily Tasks
What treatment(s) have you received or are presently receiving for your concerns? ❑None ❑Medications ❑Surgery ❑P.T.
❑Chiropractic ❑Acupuncture ❑Other:_____
Please describe any changes, events, or stress at the onset or just before your symptoms appeared:_____
_____
_____

Exercise

❑ None/Sedentary
❑ Lightly Active
❑ Moderately Active
❑ Very Active/Athlete

Habits

❑ Smoking, #/day:_____
❑ Marijuana/other, #/day:_____
_____
❑ Alcohol, drinks/week:_____
❑ Coffee, cups/day:_____
❑ High stress, reason:_____
_____
_____

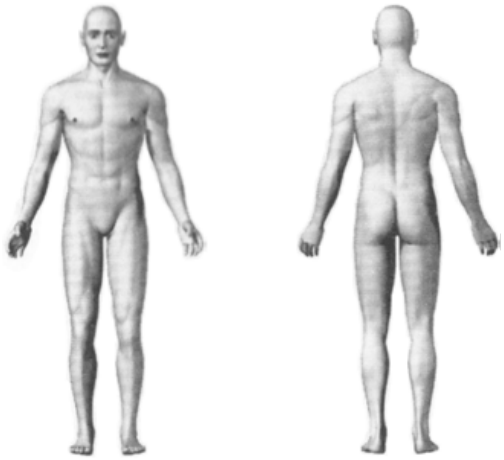
Allergies:_____
_____

Medications:_____
_____
_____
_____

Supplements:_____
_____
_____
_____

Please mark area and type of pain on the drawings using the codes listed below.

N-Numbness P-Pain T-Tingling
S-Soreness A-Ache ST-Stiffness



Have you had, or do you currently have any of the following?

Past	Present		Past	Present		Past	Present		Past	Present	
❑	❑	AIDS/HIV	❑	❑	Depression	❑	❑	High Cholesterol	❑	❑	Prostate Problems
❑	❑	Alcoholism	❑	❑	Diabetes	❑	❑	Kidney Disease	❑	❑	Psychiatric Care
❑	❑	Anemia	❑	❑	Emphysema	❑	❑	Liver Disease	❑	❑	Schizophrenia
❑	❑	Anorexia	❑	❑	Epilepsy/Seizures	❑	❑	Migraines	❑	❑	Sciatica
❑	❑	Appendicitis	❑	❑	Glaucoma	❑	❑	Miscarriage	❑	❑	Stroke
❑	❑	Arthritis	❑	❑	Gout	❑	❑	Multiple Sclerosis	❑	❑	Suicide Attempt
❑	❑	Asthma	❑	❑	Hashimoto's Disease	❑	❑	Osteoporosis	❑	❑	Thyroid Problems
❑	❑	Bipolar Disorder	❑	❑	Heart Disease	❑	❑	Pacemaker	❑	❑	Tuberculosis
❑	❑	Bleeding Disorders	❑	❑	Hepatitis	❑	❑	Panic Attacks	❑	❑	Tumors
❑	❑	Bulimia	❑	❑	Hernia	❑	❑	Parkinson's Disease	❑	❑	Ulcers
❑	❑	Cancer	❑	❑	Herniated Disc	❑	❑	Personality Disorder	❑	❑	Venereal Disease
❑	❑	Cataracts	❑	❑	Herpes	❑	❑	Pneumonia	❑	❑	Other_____
❑	❑	Chemical Dependency	❑	❑	Dissociative Disorder	❑	❑	Polio	❑	❑	Other_____

Check the symptoms you presently have or have had in the past year.

General

Past	Present	
❑	❑	Chills
❑	❑	Convulsions
❑	❑	Depression
❑	❑	Dizziness
❑	❑	Fainting
❑	❑	Fatigue
❑	❑	Fever
❑	❑	Headache
❑	❑	Loss of sleep
❑	❑	Loss of weight
❑	❑	Nervousness
❑	❑	Sweats
❑	❑	Tremors/Twitching
❑	❑	Weight gain
❑	❑	Wheezing

Skin

❑	❑	Bruise easily
❑	❑	Itching
❑	❑	Change in moles
❑	❑	Rash/Hives
❑	❑	Skin eruptions

Gastrointestinal

Past	Present	
❑	❑	Abdominal pain
❑	❑	Bloating/Gas
❑	❑	Constipation
❑	❑	Diarrhea
❑	❑	Excessive eating
❑	❑	Excessive thirst
❑	❑	Heartburn
❑	❑	Hemorrhoids
❑	❑	Jaundice
❑	❑	Nausea
❑	❑	Poor digestion
❑	❑	Rectal bleeding
❑	❑	Vomiting
❑	❑	Vomiting blood

Cardiovascular

❑	❑	Chest pain
❑	❑	High blood pressure
❑	❑	Irregular heartbeat
❑	❑	Poor circulation
❑	❑	Rapid heartbeat
❑	❑	Swelling of ankles

Head &Neck

Past	Present	
❑	❑	Blurred vision
❑	❑	Crossed eyes
❑	❑	Difficulty swallowing
❑	❑	Earache
❑	❑	Ear discharge
❑	❑	Ear noises/ringing
❑	❑	Frequent colds
❑	❑	Loss of hearing
❑	❑	Nasal obstruction
❑	❑	Nosebleeds
❑	❑	Pain in eyes
❑	❑	Persistent cough
❑	❑	Sinus infections
❑	❑	Sore throat
❑	❑	Spitting phlegm/blood
❑	❑	See halos or flashes

Genito-Urinary

❑	❑	Bed wetting
❑	❑	Blood in urine
❑	❑	Frequent urination
❑	❑	Lack of bladder control
❑	❑	Painful urination

Men only

Past	Present	
❑	❑	Breast lump
❑	❑	Erection difficulties
❑	❑	Lump in testicles
❑	❑	Penis discharge
❑	❑	Sore on penis
❑	❑	Vomiting blood

Women only

❑	❑	Abnormal pap smear
❑	❑	Breast lump
❑	❑	Cramps
❑	❑	Excessive flow
❑	❑	Hot flashes
❑	❑	Painful periods
❑	❑	Vaginal discharge

Date of last menstrual period_____

Are you pregnant? ❑Yes ❑No
Due date (if yes)? _____

Are you on the birth control pill? ❑Yes ❑No

Surgeries

Description	Date

Major Injuries & Accidents

(broken bones, falls, sports injuries, auto accidents, etc.)

Description	Date

Please select one:

Dr. Fleming offers two types of health care: Corrective Care and Wellness Care. Corrective Care is for the individual interested in having the symptoms relieved and the cause of his/her health concerns corrected. Wellness Care is for the individual interested in receiving all the benefits of Corrective Care and continuing with care to experiencing optimum health through preventative steps. Please check your desired type of care:

❑ Corrective Care ❑ Wellness Care

Informed Consent

Initial

_____ I have read and understand the fees, policies, and procedures for Dr. Fleming's services and agree to comply with such statements.

_____ I have read and understand the Medical Intuitive Disclaimer and accept the use of such practices by Dr. Fleming during my care.

_____ I understand that with any healthcare procedure, there are certain risks and complications which may arise during a chiropractic adjustment. These risks include, but are not limited to, fractures, disc injuries, dislocations, muscle strain, diaphragmatic paralysis, cervical myelopathy, and stroke. I understand and accept these risks and consent to receive the necessary chiropractic adjustments and other chiropractic procedures from Dr. Fleming.

_____ I understand that treatment methods used by Dr. Fleming including, but not limited to, homeopathy, nutrition, meridian therapy, and emotional release techniques may not be regulated or medically approved at this time and agree to receive such services during my care and accept all risks involved.

_____ I understand that Dr. Fleming does not offer promises or cures and results are not guaranteed.

_____ I understand that Dr. Fleming's approach to health and wellness is largely unknown to the general public and that education is crucial to others benefiting from these services. I agree to allow Dr. Fleming to use the basic information of my case including my age, gender, and health problem to educate others. I understand that at no time will Dr. Fleming use my name, address, or any other personal information and I will remain an anonymous client.

_____ I understand that the opportunity to discuss any questions or concerns regarding this consent or Dr. Fleming's work is available to me at any time and I intend this consent to cover the entire course of treatment for my present condition and for any future condition for which I seek treatment.

Client Name: _____ Date:_____

Client/Parent or Guardian Signature: _____