

## **The Spero Clinic**

**Patient name:**

**Date:**

Thank you for your interest in our program! It is crucial for us to provide excellent quality and highly effective care with empathy and compassion. Most patients are used to an allopathic model of care, where the healing happens because an external device, procedure, or pharmaceutical brings about relief.

Our model is different by design. While we do use several technologies and procedures as part of our system, we believe that healing happens from the inside out. Each patient plays a critical role in his/her recovery. This is the case even if dealing with very young pediatric patients. To that end, every patient must be a good fit for our program. We have designed the following steps to help us discern if our program is a good choice and the right fit for you. Please understand that while we want to help every patient who applies to our program, a successful outcome is very important to you and our primary concern.

Please carefully read and initial the following statements. If you have any questions/comments, please use the space provided and write those down.

### **Patients 12 years old and older:**

\_\_\_\_ I understand the system used at The Spero Clinic was carefully designed after being used over ten years on more than 400 chronic pain patients. I understand that trusting this system is crucial to my recovery. Attempting to alter this system for any reason (e.g. level of comfort, scheduling conflicts) may result in this system not being successful in my case.

Questions/Comments:

\_\_\_\_ I understand that some procedures, while beneficial to me, may be uncomfortable during the treatment or cause discomfort after.

Questions/Comments:

\_\_\_\_ While I may be scared at times and may have temporarily lost hope, I understand that my attitude is crucial to a positive outcome. I will maintain a positive attitude and expect to be healed once and for all.

Questions/Comments:

\_\_\_\_ I understand that while contact between fellow patients is encouraged, it is our goal that our patients as a whole are focused on supporting each other, even on tough days. If my attitude is negatively affecting other patient outcomes consistently, I may be asked to leave the program.

Questions/Comments:

\_\_\_\_ I understand that the Staff at The Spero Clinic is highly trained. Trusting this staff is important. While questions are always allowed, questioning my therapist(s) or doctors' judgment repeatedly places a burden on that staff member and may affect my treatment outcome.

Questions/Comments:

\_\_\_\_ I understand that the possible hours of care are 8:30 am – 6 pm Central Mon-Thurs, with allowances for lunch. Specific times for treatments are not guaranteed. If I am not able to attend the clinic during these hours and participate in my treatments, this program is not a good fit for me. Please note that legitimate absences from treatments will be excused on a case by case basis.

Questions/Comments:

\_\_\_\_ Weekends are three days long and designed to let my body recover and rest. Participating in high levels of activity over the weekend may affect my performance during the following week.

Questions/Comments:

\_\_\_\_ Abusing drugs and/or alcohol may affect my body's ability to recover.

Questions/Comments:

\_\_\_\_ I understand that the treatment system utilized at The Spero Clinic requires high levels of participation and activity from me.

Questions/Comments:

\_\_\_\_ While I will see many fellow patients recover at The Spero Clinic, I understand that there is no guarantee of recovery. I am paying The Spero Clinic not for an implied treatment outcome, but rather for their expertise and excellent level of care, based on their extensive experience.

Questions/Comments:

\_\_\_\_ If my behavior is impacting others at the clinic negatively, I may be asked to leave the program. Please do not put us in this uncomfortable situation by keeping your behavior positive.

Questions/Comments:

\_\_\_\_ I understand that my compliance is crucial to my recovery.

Questions/Comments:

\_\_\_\_ I am willing to do whatever it takes to allow my body to heal.

Questions/Comments:

\_\_\_\_ /10 - On a scale of 1-10 with zero having no hope, and 10 being 100% hopeful, please rate how hopeful you are that your body and brain can recover:

Please write a short paragraph on why you believe that you are a good fit for our program:

Please use your own words to write a few sentences about how you will feel and how your life will be improved when you are healthy again and fully recovered.

