



RED FLAGS-CLINICAL IMPLICATIONS IN CHIROPRACTIC • 6 CE DC/CT SATURDAY, OCT 17, 2020 • EAU CLAIRE, WI

Fax 608-256-7123 • Phone 608-256-7023 • Email registration@wichiro.org • Online www.wichiro.org
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CLASS OVERVIEW:

This 6-hour class will review the parameters for and the importance of recording a complete history for a patient. "Red" and "Yellow" Flag questions and the various related conditions will be discussed so that a CT can find relevance for maintaining high standards in their duties of obtaining patient history. Participants will gain a review of History Taking/SOAP Notes, understand common "red" and "yellow" flags that present in chiropractic; and understand the implications of "Red Flag" responses.

Approved for both DCs and CTs. Intended for CTs who have experience taking Patient Histories in clinic.

CLASS LOCATION:

Metropolis Resort and Conference Center*
5150 Fairview Drive
Eau Claire, Wisconsin 54701

INSTRUCTOR:

Dr. Wendy Varish, DC, FACO, teaches Chiropractic Technician and Chiropractic Radiological Technician certification courses in physiological therapeutics and in radiology. She is also an instructor for continuing education courses for Doctors of Chiropractic, CTs and CRTs with topics ranging from physiological therapeutics, anatomy, radiology, nutrition and clinical issues.

Dr. Wendy Varish has special interests in family care, sports injuries, work injuries, nutrition, and pediatrics. She uses a variety of techniques specific for the patient, including Diversified (hands-on), Gonstead, Activator, and Thompson. Dr. Wendy Varish practices at Howards Grove Chiropractic.

*Rooms set aside for guests at a discounted rate. Be sure to mention Wisconsin Chiropractic Association. 844-855-2724

	REGISTRATION OPTIONS	CLASS TIME	MEMBER/ NON-MEMBER	EARLY BIRD RATE <small>10 days before event -10%</small>	AMOUNT DUE
☐	RED FLAGS, Clinical Implications in Chiropractic 6 CE DC/CT	Sat, Oct 17, 2020 9 am-4:00 pm (1 hour lunch)	\$145 / \$205		

ATTENDEE INFORMATION **PLEASE PRINT CLEARLY • ONE ATTENDEE PER FORM**

First & Last Name _____ Supervising DC _____
 Clinic Name _____ Phone with area code _____ - _____ - _____
 Address _____ City _____ Zip _____
 Email (required for confirmation) _____ WCA Member? Y / N

PAYMENT INFORMATION

Method: Visa MasterCard Discover Amex Check Payable to WCA # _____ DISCOUNT CODE _____
 Credit Card # _____ Expiration _____ / _____ CVV Code _____
 Name on Card _____
 Billing Address on Card _____
 (if different than clinic address)

TOTAL

\$ _____

REFUND & REGISTRATION POLICIES *Please read carefully* **EARLY BIRD RATE:** REGISTER **10 Days** before the class, receive 10% OFF.
CANCELLATION / REFUND POLICY: You may cancel your registration or transfer to a different class without penalty until 10 days before the event. From 2-9 days before an event, cancellations or transfers will incur a \$20 administrative fee. NO refunds or changes less than 24 hours before the event starts. For multi-day events, this policy is in effect from day one of the event.
FOR THOSE RECEIVING FREE CE (Students, New DCs) there is no fee to cancel 10 days before the event. Cancellations or changes 2-9 days before an event will incur a \$20 administrative fee. There is a \$50 fee for cancellations the day before or the day of an event, and for no-shows.