Symptoms and Ill Health (Present State)

Major Complaint

Pain or problem started
Pains are: Sharp, Dull, Constant, Intermittent (frequency ___)

Does the pain radiate? Yes, No

What activities aggravate your condition/pain?

What activities lessen your condition/pain?

Is the condition worse during certain times of the day?

Is this condition interfering with work? Sleep? Routine? Other?

Is the condition getting progressively worse?

Other Doctors seen for this condition

Any home remedies?

Other symptoms:
- Headaches
- Dizziness/Fainting
- Nervousness
- Fatigue
- Depression
- Sleeping Problems
- Irritability
- Allergies
- Jaw Problems
- Eye Problems
- Lights Bother Eyes
- Ears Ring
- Hearing Problems
- Loss of Memory
- Loss of Smell
- Loss of Taste
- Neck Pain/Tension
- Thyroid Issues
- Pins & Needles in Arms
- Shortness of Breath
- Night Sweats
- High/Low Blood Pressure
- Chest Pain
- Sudden Weight Gain/Loss
- Back Pain
- Numbness in Toes
- Pins & Needles in legs
- Hands or Feet Cold
- Stomach Upset
- Constipation/Diarrhea
- Loss of Balance
- Fever

Please indicate where your complaint is on the following diagram:

![Diagram]

Please rate the pain on the following scale:

No Pain 0------------1--------2--------3--------4--------5--------6--------7--------8--------9--------10 The Worst Pain Ever

Have you been under drug and medical care?

What medications are you taking?

How Long? Have you had surgery? What? When?
Chiropractic provides three types of care. The first is Initial Intensive Care which corrects the most recent layer of Spinal and Neurological damage (Vertebral Subluxation Complex). This care usually reduces or eliminates the symptoms. Then Reconstructive Care begins which corrects the years of damage that occurred when there were few symptoms. And finally, Chiropractic offers a genuine approach to Wellness Care. All of these options will be explained at your Empowerment Session. Then you’ll be able to begin a course of care that fits your health goals.

Patient Signature________________________________________ Date_________________________
Introduction to the Office

Let us extend a warm and personal welcome to you on behalf of the 100% team! We want to provide you with the finest health care and we’ll offer you many informative and entertaining educational opportunities.

First, you’ll want to make informed decisions regarding your health. During the course of your care you’ll be presented with several choices that will affect your ability to reach your individual health objectives.

Secondly, this information will be useful in making decisions about your health for the rest of your life.

To begin this process, here are a few important terms and procedures as you begin care:

On your first visit we will gather information about you through our Initial Discovery (examination and consultation). There will be someone here to assist you in each step along the way. If you’re not sure about what we need, just ask. Nothing will be done without your consent and full understanding.

We will be giving you information and clinical data in the form of literature, personal and media presentations. These are designed to help you understand your own case and the procedures you’ll experience in this office. Everything is brief and to the point. It is recommended that you read the material and keep it together for reference during the course of your care.

Just as we need to know about you, you should know about us. Chiropractic education currently consists of three years of pre-Chiropractic college education in the biological sciences, followed by another five years of Chiropractic education and clinical internship. Then we are required to attend many hours of post-graduate education each year for license renewal. On top of this, our office is frequently involved in various seminars to keep abreast of the latest information.

We have minimized paperwork in our office. However, there are clinical forms that must be filled out accurately for your health, legal and professional reasons. We ask that you read a form through before completing it so you understand its intent. If you have questions, please ask.

Your attitude about your health is as important to us as the specific reason you’ve consulted our office. Below are four prevalent health attitudes. Please mark the one that most closely reflects your personal values.

☐ Treatment Only. I only consult a doctor when I have an ache or a pain and discontinue care as soon as it has cleared up.
☐ Prevention. In addition to symptomatic treatment, I consult specialists occasionally to prevent problems from recurring.
☐ Maintaining Health. I’m conscious about my health, diet, exercise, etc. and actively pursue these because I feel better, perform better and it maximizes my potential.
☐ Family Health. I take an active part in assisting, informing, and maintaining health, with my family. I’m concerned with the long-term affects of good health.
When a person seeks Chiropractic care and we accept a person for such care it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each person understand both the objective and the method that will be used to attain it. This will prevent confusion.

**Adjustment:** A specific application of forces to facilitate the body’s correction of the vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

**Health:** A state of optimal physical, mental and social well being, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spine resulting in nerve dysfunction, resulting in the lessening of the body’s innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease. Our focus in this office is the vertebral subluxation. However, if we encounter non-chiropractic or unusual findings we will advise you. If you desire advice, diagnoses or treatment for those findings we recommend that you seek another healthcare provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our ONLY practice objective is to locate, analyze and correct vertebral subluxation by specific adjustments.

I, _______________________________________ have read and fully understand the above statements.

(print name)

All questions regarding the chiropractors’ objectives to my care in this office have been answered to my complete satisfaction. I therefore accept care on this basis.

Signature_______________________________________________________ Date______________________________________

**CONSENT TO EVALUATE AND ADJUST A MINOR**

I, ___________________, being the parent or legal guardian of __________________ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive Chiropractic care.

Signature________________________________________________________________________ Date______________________________

**PREGNANCY RELEASE**

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his staff have my permission to perform X-ray. Date of last menstrual period: ________________________

Signature_______________________________________________________ Date_______________________________________
Patient Privacy Acknowledgement Form

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. Before we will begin any health care operations we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA Notice that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of PHI to the minimum needed for what the insurance companies require for payment.

2. The patient has the right to examine and obtain a copy of his or her own health records at any time. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.

3. A patient’s written consent need only be obtained one time for all subsequent care given the patient in this office.

4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.

5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in or office.

6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.

7. If the patient refused to sign this consent for the purpose of treatment, payment and health care operations, the chiropractic practice has the right to refuse to give care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Name of Patient: ____________________________ Date: ________________

Patient Signature: ____________________________

I acknowledge that I will receive a copy of my records on my second visit.

Patient_________________________

Should you agree to share your information with anyone, please list their names below.

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