



ASSOCIATES IN SPINAL RELIEF



⌘Outline of Procedure for New Patients⌘

- ❖ **STEP ONE:** All new patients are requested to fill out a personal health/history questionnaire.
- ❖ **STEP TWO:** Your first consultation with the doctor to discuss your health concerns. A diagnostic chiropractic, orthopedic and neurological examination will be performed to determine if chiropractic care is appropriate for your condition. The doctor may also advise x-rays if necessary.
- ❖ **STEP THREE:** Our staff will help schedule your next visit for your “Report of Findings”. The doctor will inform you of your exam and x-ray results and whether or not your case has been accepted. The doctors will recommend a treatment program which will be explained to you.
- ❖ **STEP FOUR:** Treatments will begin and continue as scheduled until your condition has been fully corrected or until the maximum possible improvement has been obtained.

I. Personal History

Date: _____ SS#: _____

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State/Zip: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

Marital Status: Married Divorced Single Widowed Sex: Male Female

Name & # of Emergency Contact: _____

Responsible party for bill: Health Insurance Workman's Comp. Medicare

Auto Insurance Self/Spouse No Insurance/Self Pay

II. Current Health Condition

Current symptoms: _____

Have you seen other doctors for this condition? _____

Have you been disabled from work? _____ If so, give dates: _____

Is this condition, check one: Job Related Auto Accident *(if so, give date and a brief description)*

Current Medications: Pain Killer Muscle Relaxant Blood Pressure Medication

Cholesterol Medication Other: _____

III. Past Health History

Do you have a Pacemaker/Defibrillator? _____ Major falls or accident? _____

Hospitalizations or Surgeries? _____

Previous Chiropractic Care? Yes No

If yes, doctors name & date of last visit: _____

Have you been treated for any other health condition in the last year? Yes No

If yes, please explain: _____

Check any of the following you have:

Musculo-Skeletal

- Low Back Pain
- Pain Between Shoulders
- Neck Pain
- Arm Pain
- Joint Pain/Stiffness
- Walking Problems
- Difficulty Chewing
- Clicking Jaw

Nervous System

- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities

General

- Allergies
- Loss of Sleep
- Fever
- Headaches

Females Only

- Are you pregnant?
 Yes No
 Maybe

No. of Children: _____

Why choose Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible (Comprehensive Care). Your doctor will weigh your needs and desires when recommending your treatment program. Please check the type of care desired:

- Relief Care Corrective Care Comprehensive Care

I understand that if I am accepted as a patient by the treating doctor, I am authorizing them to proceed with further treatment as necessary. Furthermore, any risks involving Chiropractic treatment will be explained to me upon request.

I understand and agree that health and accident insurance policies are an arrangement between and insurance carrier and I. Furthermore, I understand that the doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the doctor's office. That amount will be credited to my account upon receipt. **However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.** I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient Signature

Date

The purpose of our Chiropractic Center is to support each individual in achieving their optimum health. To educate them so they understand health and Chiropractic and in turn educate others.