

CASE HISTORY

TODAY'S DATE _____
 PATIENT NAME _____ BIRTHDATE _____ AGE _____
 HEIGHT _____ " WEIGHT _____
 SEX _____ MARITAL STATUS _____ NUMBER OF CHILDREN _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE () _____ - _____ CELL PHONE () _____ - _____
 EMPLOYED BY _____ OCCUPATION _____
 WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SPOUSE _____
 INSURANCE CO _____ POLICY # _____
 INSURANCE ADDRESS _____ CITY _____ STATE _____ ZIP _____
 MEDICAL DOCTOR _____ CITY _____ STATE _____ ZIP _____
 ANY PAST CHIROPRACTIC CARE _____ DOCTOR'S NAME _____
 REFERRED BY _____
 PRESENT COMPLAINT _____

IS THE CONDITION DUE TO AN INJURY FROM WORK, AUTO OR OTHER? _____

DAYS LOST FROM WORK? _____
 DATE SYMPTOMS APPEARED OR ACCIDENT HAPPENED? _____
 HOW DID YOU INJURE YOURSELF? _____

WHERE DOES IT HURT? _____
 DOES THE PAIN RADIATE? _____ WHERE? _____
 HAS THE PAIN BEEN CONSTANT OR INTERMITTENT? _____
 DESCRIBE THE PAIN _____

WHAT RELIEVES THE PAIN? _____
 WHAT MAKES THE PAIN WORSE? _____
 DOES IT AFFECT YOUR DAILY ACTIVITIES? _____ HOW SO? _____

ARE ANY OF THE ABOVE-MENTIONED COMPLAINTS RECURRING
 CONDITIONS? _____ DESCRIBE _____
 DO YOU HAVE ANY OTHER COMPLAINTS? _____

HAVE YOU TRIED ANY HOME REMEDIES? _____
 DO YOU TAKE ANY MEDICATIONS? _____ WHICH? _____
 HAVE YOU HAD X-RAYS OF THE AREA? _____ WHERE? _____
 DO YOU SLEEP ON YOUR STOMACH, SIDE, OR BACK? _____
 HOW MANY PILLOWS DO YOU USE UNDER YOUR HEAD? _____
 DO YOU SLEEP ON A REGULAR BED OR WATER BED? _____
 COULD YOU BE PREGNANT? _____ LAST MENSTUAL CYCLE _____

PREVIOUS HISTORY

IF ANY OF THE FOLLOWING APPLIES TO YOUR PAST HISTORY, PLEASE LIST

INJURIES: _____
ACCIDENTS: _____
FRACTURES: _____
SURGERIES: _____
MEDICATIONS: _____
HOSPITALIZATIONS: _____
HAVE YOU EVER BEEN DIAGNOSED WITH A DISEASE? _____
DESCRIBE: _____
HAVE YOU RECENTLY EXPERIENCED A WEIGHT CHANGE? _____
DESCRIBE YOUR EXERCISE HABITS: _____

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS MADE IN THE ABOVE CASE HISTORY ARE TRUE. (please initial) _____

PLEASE PLACE A CHECK BY ANY OF THE FOLLOWING OTHER SYMPTOMS THAT APPLY:

HEADACHES	LOW BACK WEAKNESS	NERVOUSNESS
DIZZINESS	HIP PAIN	DEPRESSION
NECK PROBLEMS	LEG CRAMPS OR PAIN	IRRITABLE
SHOULDER PAIN	NUMBNESS/TINGLING OF LEG	CRYING SPELLS
ARM/ELBOW PAIN	ANKLE OR FOOT PAIN	LOSS OF MEMORY
NUMBNESS/TINGLING OF ARM	LOSS OF CONCENTRATION	KNEE TROUBLE
HAND PAIN OR LOSS OF GRIP	NUMBNESS/TINGLING OF FOOT	DIFFICULTY SLEEPING
NUMBNESS/TINGLING OF HAND	ABDOMINAL PAIN	EYE PROBLEMS
PAIN BETWEEN SHOULDERS	DIGESTIVE PROBLEMS	ALLERGIES
MID BACK PAIN OR TENSION	KIDNEY PROBLEMS	SINUS TROUBLE
CHEST PAIN	TAILBONE PAIN	LOW ENERGY
DIFFICULTY BREATHING	CONSTIPATION	FATIGUE
ASTHMA	DIARRHEA	HIGH BLOOD PRESSURE
LOW BACK PAIN	REPRODUCTIVE PROBLEMS	DIABETES
LOW BACK STIFFNESS	OVERWEIGHT	SMOKER

I certify that the above information is true and correct. I hereby authorize the release of any information required. I also authorize my benefits payment to be paid directly to this clinic. I am financially responsible for non-covered services. In any event that this account remains unpaid, I agree to pay interest, all collection fees, court costs, and reasonable attorney fees.

TODAY'S DATE _____

PATIENT SIGNATURE _____

Name: _____ Date: _____

Insurance Company: _____

****Deductible Applies!** Has it been met? Yes / No Total Amt: \$_____ Remaining : \$_____
After the deductible is met Co-Pay: \$_____ or *Co-Insurance: _____% due at each visit

****Deductible does not Apply!**

Co-Pay: \$_____ or *Co-Insurance: _____% due at each visit or with prepaid plan

Chiropractic Benefits: # of visits: _____

Massage / Manual Therapy: is it covered? Yes / No # of visits: _____

Other services covered _____

IMPORTANT INFORMATION! Please read carefully and sign at the bottom.

This does not guarantee coverage. This is an estimate of what your portion of care will be. Even your co-pay can change once insurance has been billed and an Explanation of Benefits has been issued.

*Co-Insurance is an estimated amount. We will not know the exact amount due until after payment is received from the insurance company. You may owe more than we estimated and are responsible for that amount.

We have to bill your insurance our usual and customary fees for ALL services rendered at your visit.

If payment is not received from your insurance company within 45 days we will bill you for any amount still owing.

If you wish to take advantage of our "At the Time of Service" payment plans, payment is required at the time of service or as a prepaid plan. We will **NOT** bill your insurance. You cannot do both.

Any balance remaining on your account will be charged a late fee of **1.5%** per month.

Any balance not paid in **90 days** will accrue late fees and collections fees and will be turned over to collections.

Signature: _____ Date: _____

CA signature: _____

OR

I _____ agree to pay the "At the Time of Service" Fee's instead of having Stone Chiropractic bill my insurance.

Signature: _____ Date: _____

MASTER

DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC INFORMED CONSENT

CHIROPRACTIC

It is important to acknowledge the difference between the health care specialties of Chiropractic, Osteopathy and Medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the Chiropractic Doctor's procedures often depends on environment, underlying causes, physical and spinal conditions. It is important to understand what to expect from Chiropractic health care services.

ANALYSIS

A Doctor of Chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Syndrome (VSS) or Vertebral Subluxation Complexes (VSC). When such VSS and VSC complexes are found, Chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the Chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS

Although Doctors of Chiropractic are experts in Chiropractic diagnosis, the VSS and VSC, they are not internal medicine specialists. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total condition. Your Doctor of Chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the Doctor of Chiropractic, give the Doctor permission and authority to care for the patient in accordance with the Chiropractic tests, diagnosis and analysis. The Chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a Chiropractic adjustment or health care, if he/she is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the Doctor of Chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The Doctor of Chiropractic provides a specialized, non-duplicating health service. The Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

RESULTS

The purpose of Chiropractic services is to promote natural health through the reduction of the VSS or VSC. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the Chiropractic procedures. Sometimes the response is phenomenal.

In most cases there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same Chiropractic care. Many medical failures find quick relief through Chiropractic. In turn, we must admit that conditions which do not respond to Chiropractic care may come under the control or be helped through medical science. The fact is that the science of Chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have great strides in alleviating pain and controlling disease.

TO THE PATIENT

Please discuss any questions or problems with the Doctor **before** signing this statement of policy.

I have read, and understand, the foregoing.

_____ Date

_____ Signature