

Please list any surgeries you've had:

Type of Surgery	Date

Please list any vitamins/supplements you take:

Vitamin/Supplement	Dose	Frequency

Do you smoke? NO YES how many per day _____ how many per week _____

What is your caffeine intake (please circle)

NO caffeine 1- 8 oz. cup/day 2-4 8 oz. Cups/day 5 or more 8 oz. cups/day

What is your alcohol intake (please circle)

NO Alcohol social drinker light drinker moderate drinker heavy drinker struggles w/alcohol

Tell us about your work habits (please circle all that apply)

Full-time part-time Retired Disabled unemployed
 0-20 hours 20-40 hours 40-50 hours 50-60 hours 60-70 hours over 70 hours
 Heavy labor moderate labor light labor
 Telephone computer mostly standing mostly sitting mostly walking
 Stressful relaxed enjoyable difficult

Tell us about your stress: (please circle all that apply)

Daily Weekly Monthly occasionally constantly

Level of stress: 1 2 3 4 5 6 7 8 9 10

Type of stress: work home emotional physical chemical

Tell us about the kinds of exercise that participate in: (please circle all that apply)

Almost nothing weight training strength training w/a trainer physical therapy walking running
 Cycling hiking climbing stretching yoga
 Pilates fit ball training mountain climbing skiing snowboarding
 Baseball basketball football soccer tennis
 Racquetball Lacrosse Gym machines (cardio) bowling crossfit
 Martial Arts/MMA volleyball golf fishing marathon training
 Boating Marching band body building snow mobiling swimming

If the doctor identifies your spine to be misaligned, are you committed to follow the recommendations to correct your problem completely?

YES NO

What are your treatment and health goals? (Please circle all that apply)

Corrective care relief care relief of symptoms return to pre-injury status
Preventative care increased overall health improved nutrition healthy diet
Loss of excess body fat strengthening look and feel better

What are 3 things that your symptoms are preventing you from doing that you would like to be able to do in the next year?

1. _____
2. _____
3. _____

As you view the activities please circle the area of pain the corresponds to that activity:

Housework	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Shopping	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Driving	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Meal Prep	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Religious obs.	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Social outings	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Care of pets	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Child care	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Laundry	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Bathing	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Dressing	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Climbing stairs	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Walking	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Eating	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Cooking	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Taking trash out	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Lawn care	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Shoveling	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Computer work	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Sex	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Grooming	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Sitting	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Standing	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Getting out of tub	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Sleep	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Mood	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
In/out of car	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Exercising	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
In/out of bed	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Paying attention	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Bowel movements	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Energy level	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Gardening	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Sitting to standing	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Putting shoes on	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs
Other: _____	<u>is affected because of my:</u>	headache - neck/shoulder - mid back - low back - sacrum - pelvis - arms and legs

Thank you for the opportunity to better serve you

- We invite you to discuss with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and practice member.
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, and any other expenses incurred in collecting your account, there will be a \$5.00 late charge or a 1.5% per month late fee whichever is greater.
- We will make every attempt to get your insurance to approve your care. We will keep you up to date on the status of your coverage. Often it is difficult to get your insurance to acknowledge the practice member's complete health care needs over their own financial concerns. However we will not compromise the quality of the health care we provide. Our responsibility is to you, our practice member, first and foremost.
- The thermal subluxation scan is not reimbursed by your insurance carrier. The \$35.00 charge is the patient's responsibility. There will be a \$50.00 charge in addition to your normal co-pay for all emergency visits.
- I consent to event photos taken in the office being used in the office, on Family Chiropractic's website and Facebook.
- I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider and or managed care organization to release any information required to process any insurance claims.
- I hereby authorize assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am solely responsible for any balance not paid by my insurance company.
- **Any balance that is left unpaid by your insurance company is your sole responsibility.**

Signature (Practice Member/Guardian) _____ Date: ____/____/____

I acknowledge that I have been given the opportunity to read and/or receive a copy of Family Chiropractic Prevention Center's Privacy notice.

Leave appointment messages on:

Leave other medical/insurance info on:

Special Services, Events, New Health Info, website/Facebook photos on:

ANY OF THE BELOW

- Answering machine
- Cell phone or text message
- Office voice mail
- Email
- w/Person(s) listed below

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Any person(s) at home phone #: Y / N

Person(s) authorized to discuss the above:

_____ Relationship _____

_____ Relationship _____

Signature (Practice Member/Guardian) _____ Date: ____/____/____

I consent to have the Practice use and disclose my protected health information for treatment, and health care operations purposes, and for such other purposes that are permitted under HIPPA

Signature (Practice Member/Guardian) _____ Date: ____/____/____