

Family Chiropractic Prevention Center 7550 Oswego Road Liverpool, NY 13090 315.453.4040

www.WeCare4Families.com

lame: (FIRST)	(MI)	(LAST)			Ci	rcle: MALE / FEMALE
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ell Phone Provider: (please circle) Verizon AT&T	Г Cricket T-Mobi	le Boost Mobile	Metro PCS	T-Mobile	Sprint N	extel Virgin Mobile
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EQUIRED TO BE SEEN AT THIS OFFICE (IF UNDER	18 PARENT/GURA	DIAN # REQUIRE	<mark>D):</mark>	-		
ddress:	City:		State:		Zip:	
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lame of Children:						
Many patients are referred into the office by friend	ds, family, or other	doctors. Who or	what made	you decid	e to visit us	today?
lame of Insured (person who maintains your insurance benefit)):					
nsured Date of Birth:///	_ Insured Employe	::				
cience tells us your spine should be cared for regula	ırly. How often do y	ou get a chiroprac	tic adjustme	ent?		
FREQUENTLY ONLY WHEN HU	JRT	1 X A WEEK		NEVER		
When was your last spinal examination including x-ra	ays? Date:		NEVER			
o you know if you have a spinal curvature, spinal ar	thritis, or inherited	spinal problem?		YES N	Ю	
ver time spinal misalignments will cause arthritis an ack. Do you hear these sounds when you move you		ich results in grind	ing or cracki YES	ng to be he NO	ard when yo	ou move your neck or
your spine is out of alignment for a long time it can oing this to your neck or back?	make you feel like	you need to twist,	stretch, crac	ck or pop yo NO	our back or i	neck. Are you forcibly
oor posture leads to poor health and early death. Pl	lease rate your post	ure? POOR	FAIR	GOOD	EXCELLENT	
lease indicate a date when the symptoms that have	brought you in tod	ay first started:		/	/	
pinal health is vitally important to ensure a healthy	pregnancy. Is there	a chance you are	pregnant?	YES NO)	
mproper sleeping positions can cause spinal damage BACK STOMACH	RIGHT SIDE	LEFT SIDE		or the best	's ability to l	aaal

Name of Medication/including OTC	Dose	Frequency

Please indicate below the prescription medications you are currently taking? (use back if necessary):

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 you caffeine intake (please circle)

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

What is you 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		

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

	As you view the a	ictivities p	lease circle the	area or	paiii	the co	rresponds to	tilat activity
Housework	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Shopping	is affected because of my:		•				•	•
Driving	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Meal Prep	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Religious obs.	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Social outings	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Care of pets	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Child care	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Laundry	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Bathing	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Dressing	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Climbing stairs	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Walking	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Eating	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Cooking	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Taking trash out	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Lawn care	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Shoveling	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Computer work	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Sex	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Grooming	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Sitting	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Standing	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Getting out of tub	is affected because of my:	headache -	neck/shoulder -	mid back -	low	back –	sacrum – pelvis	- arms and legs
Sleep	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Mood	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
In/out of car	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Exercising	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
In/out of bed	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Paying attention	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Bowel movements	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Energy level	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Gardening	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Sitting to standing	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Putting shoes on	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - arms and legs
Other:	is affected because of my:	headache -	neck/shoulder -	mid back -	- low	back -	sacrum – pelvis	s - 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.

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Cell phone or text message	Cell phone or text message	Cell phone or text message	
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