

Vitality Chiropractic

PATIENT HEALTH RECORD

PATIENT INFO

Name _____

Address _____

City _____ State ____ Zip _____

Cell Phone _____ Date of Birth _____

Email Address _____

Employer _____

Work Phone _____ Job Type _____

Marital Status _____

Spouse Name _____

Employer _____

Work Phone _____ Job Type _____

REASON FOR VISIT

Purpose of this visit _____

Is this related to: Auto Accident
 Work Injury Chronic Issue Home

When did this begin? _____

Is it: worse the same off and on

Does it interfere with: Sleep Work
 Home life Daily activities

Have you had this before? Yes No

Prior Results _____

CHIRO HISTORY

Who referred you? _____

Have you been adjusted before? Yes No

By whom? _____

For what? _____

Date of last visit _____

ADDITIONAL

Which of the following would you like to discuss in more detail to see if they could help with your current issue or overall health in general:

Nutrition Massage Fitness/Rehab

Key Value: How has this issue impacted your life and what does it prevent you from doing or doing comfortably?

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AWARENESS

Were you aware that:

Doctors of Chiropractic work with the nervous system? Yes No

The nervous system controls all bodily functions and systems? Yes No

Chiropractic is the largest natural healing profession in the world? Yes No

INITIAL GOALS

People see Chiropractors for a variety of reasons:

- Some go as a **reaction** to pain
- Some want to **correct** the cause
- While others go in as a **preventative** measure to make sure their bodies are always functioning as they should

Select all initial goals you have for yourself

Pain Relief Correction Prevention

Please Circle The Problem Area(s)
Past and Present

COMMON SYMPTOMS AND EFFECTS OF VERTEBRAL SUBLUXATIONS

C1-C3
Tension Headaches, Migraines, Dizziness, Light Headedness, Facial Pain/Numbness, Ringing in the Ears, Jaw Pain, Sore Throat, Nasal/Sinus Issues, Decreased Coordination, Fatigue/Chronic Tiredness, Sleep Problems, Foggy Brain, Memory Trouble, Depression, Irritability, Concentration Issues, Anxiety, Increased Allergies.

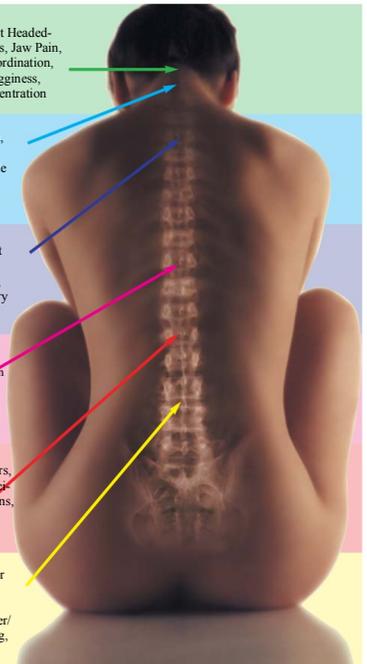
C4-C7
Neck Tension Pain and Stiffness, Shoulder Pain, Arm/Hand Pain, Arm/Hand Numbness and Tingling, Impaired Shoulder Movement, Trouble Swallowing, Nervousness, Chest Pain, Cold Hands, Loss of Grip Strength, Whiplash Symptoms, Hormone Imbalances.

T1-T3
Shortness of Breath, Difficulty Breathing, Chest Pain/Pressure, Discomfort/Pain Between Shoulder Blades, Rib Pains, Heart Arrhythmias, Asthma/Bronchitis, Recurring Upper Respiratory Tract Infections, Functional Heart Conditions, Certain Types of Arm Pain, Angina-like Pain.

T4-T9
Pain Between Shoulder Blades, Chest Pain, Rib Pains, Liver Trouble, Gall Bladder Issues, Jaundice in Infants, Stomach Problems, Chronic Indigestion, Heartburn, GERD, Abdominal Bloating, Pancreas Malfunction, Hypoglycemia, Ulcers, Abdominal Pain, Digestion Issues, Acne/Other Skin Problems, Blood Press Changes.

T10-L1
Urinary Problems, Constipation, Intestinal Ulcers, Spastic/Lazy Colon, Adrenal Trouble, Appendicitis-like Pain, Abdominal Bloating/Pain, Gas Pains, Frequent Sighing, Diarrhea, Fluid Retention, Increased Allergies, Fatigue/Chronic Tiredness, Mid Back Pain.

L2-L5
Low Back Pain, Groin Pain, Leg Cramping/Poor Circulation, Leg Pain/Weakness, Constipation, Certain Types of Impotence, Infertility, Bed Wetting in Children, Cramps, Cold Feet, Bladder/Prostate Problems, Sciatica, Leg/Ankle Swelling.



**CHIROPRACTORS CORRECT
VERTEBRAL SUBLUXATIONS**
Resulting in normal nerve function and continued good health



F = Family

ADLs = Activities of Daily Living

HCs = Health Challenges

HGs = Health Goals

F: _____

ADLs: _____

HCs: _____

HGs: _____

Special Notes: _____

AUTHORIZATION FOR CARE

I hereby authorize the Doctor to work with my condition through the use of adjustments to my spine, as he or she deems appropriate. I clearly understand and agree that all services rendered me are charged Directly to me and that I am personally responsible for payment. I agree that I am responsible for all bills incurred at this office. Vitality Chiropractic will not be held responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis. I understand that if I suspend or terminate my care, any fees for professional services rendered me will become immediately due and payable. I understand and agree that health insurance policies are an arrangement between an insurance carrier and myself. I also understand that Vitality Chiropractic will prepare any necessary reports and forms to assist me in collecting from the insurance company directly.

Ownership of Test Results: It is generally understood and agreed that any tests or exams provided by or requested by Vitality Chiropractic will remain property of the office. These tests and exams must remain on file for each patient of the office. However, copies may be requested at any time for personal use.

Signature

Date

Guardian or Spousal Signature Authorizing Care

Date

TERMS OF ACCEPTANCE

When a person seeks chiropractic care AND we approve and accept such a person for care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal, and it is important that each person seeking care understands that goal and the methods of attaining it to prevent any confusion or disappointment.

Health is the state of optimal physical, mental, and social wellbeing, not merely the absence of disease.

Vertebral Subluxation is a misalignment of one or more joints in the body (often, but not limited to the spine) that causes interference to the nerve(s) in that area. These irritated nerves result in less than 100% function for the nerves and sometimes pain, which result in less than 100% health.

Adjustments are very specific forces applied to subluxated areas in order to facilitate bodily or spinal correction and relieving irritated nerves, thus bringing the body back to a state of improved function.

We do not treat any diseases or conditions, but merely bring your body back towards a state of optimal function and healing. I therefore acknowledge the principles and accept care on this basis.

Signature

Date

NOTICE OF PRIVACY POLICY

Protecting the privacy of your personal health information is important to us. Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, and law enforcement activities.

Any other disclosures for the purposes of treatment, payment or practice operations will be made ONLY after obtaining your consent.

- You may then request restrictions on those disclosures
- You may inspect and/or receive copies of your records within 30 of a request
- You may request to view any changes to your records
- In the future we may contact you for appointment reminders and announcements

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow up with multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain payment from third party payers
- Conduct normal healthcare operations such as quality assessments and physician's certifications.

I have read and understood the Notice of Privacy Policy. A more complete description can be requested. I also understand that I can request, in writing, that you restrict how my personal information is used and or disclosed.

Signature

Date

THE DIFFERENCES MATTER

Here at **Vitality Chiropractic** we offer a multidisciplinary approach to your health. There are many ways in which our bodies can become injured or bombarded with stress and each person has a unique history and requires a unique approach. We pride ourselves in being fully attentive to you and your history as we know that this provides a great deal of information and back story for your current condition.

Knowing what makes us so *different* than anything you've tried before will **BENEFIT** you greatly:

- Children 5 and under are **FREE** with a qualified adult plan!
- Your whole family may need care, **IF SO** your cost per person just keeps dropping!
- The longer the term of your care, the more you **SAVE!**
- We offer Chiropractic, Massage, Nutrition, and Personal Training **ALL-IN-ONE!**
- Word-of-Mouth referrals **ALWAYS** enjoy their Exam, Consultation, 1st Adjustment, and Any Tests **FOR FREE!**

We hope you will see and feel the differences here at **Vitality Chiropractic** and we welcome you.