ALISO FAMILY CHIROPRACTIC

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PATIENT PERSONAL INFORMATION

Name: _____ Gender: ____ Age: _____ Birth Date:_____

Address: _____

City: _____ State: _____ Zip: _____ SSN: _____

Home Phone: (____)_____Cell Phone: (____)_____Email: _____

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widowed No. of Children____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Work Phone: (____)_____

Spouse's Name:_____ Phone: (____)_____

INSURANCE INFORMATION

Carrier's Name:_____ Address:_____

City:_____ State:_____ Zip:_____

Phone: (____)_____ Name of Insured:_____

Relationship to you:_____ Policy Holder:_____

Policy/Certificate #:_____ Group #:_____

POLICY STATEMENT

Patients that wish to use health insurance understand all health services furnished are charged directly to the patient and that he/she is ultimately responsible for payment of all services. Our office will help prepare the patient's insurance forms to assist in collecting reimbursements from insurance companies. However, we cannot render services on the assumption that our charges will be paid by an insurance company. I have read the above and understand the office policy. I hereby authorize treatment.

Patient signature: _____ Date:_____

Signature of guardian for patient under 18 years of age:_____

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CONFIDENTIAL HEALTH HISTORY

Please indicate any of the below issues that pertain to you

□ Allergies	□ Dementia/Alzheimer's	□ Menstrual Cycle Issues
□ Anxiety/Depression	□ Asthma	□ Menopausal Problems
□ Cancer/Tumor	□ Chronic Cough	□ Scoliosis
□ Diabetes	□ Pleurisy/Pneumonia	□ Arthritis
□ Autoimmune Disease	□ Chest Pain	□ Osteoporosis
□ Thyroid problems	□ High/Low Blood Pressure	□ Paralysis
□ Headaches	□ Heart problems	□ Fractures/Dislocations
□ Eye problems	□ Stroke/TIA	□ Head Injury
□ Ear Problems	□ Liver problems/Hepatitis	□ Foot Issues
□ Hoarseness	□ Gall bladder problems	□ Disc Herniation
□ Dizziness	□ Digestion problems	□ Fibromyalgia
□ Lightheadedness	□ Constipation	□ Fatigue
□ Gout	□ Ulcers	□ Infertility
□ Anemia	□ Abnormal Stools	□ Alcohol Abuse
□ Epilepsy/Seizures	□ Kidney Problems	□ Drug Abuse
□ Parkinson's	□ Urinary Problems	□ Other

Medications:_____

_____

Vitamins/Supplements:_____

List all surgeries and year:_____

_____

Have you ever been hospitalized (Non-surgery)?_____

Do you have any metal implants including pacemaker?: ( ) Yes ( ) No

Where?:_____

Do you/Did you smoke?: ( ) Yes ( ) No If Yes, for how long: _____

Are there any conditions that run in your family?_____

_____

For Women: Are you pregnant?: ( ) Yes ( ) No Date of last menstrual cycle:_____

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What is your chief complaint today? _____

_____

When did your symptoms start? _____

Have you had this or a similar problem in the past?: If so, explain: _____

_____

What aggravates your condition? _____

What provides you with relief?_____

Is this condition getting progressively worse? ( ) Yes ( ) No ( ) Constant ( ) Comes and goes

Have you seen any other doctors for this condition? _____

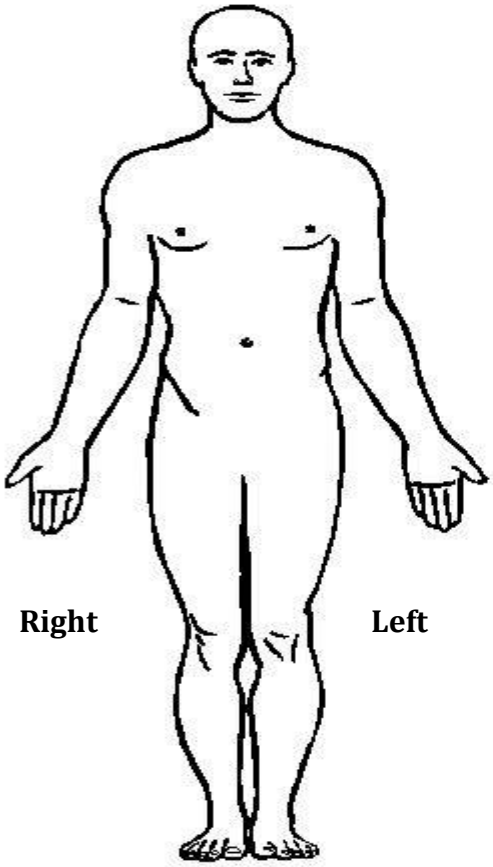
Did the accident/injury occur at work: ( ) Yes ( ) No Date:_____ Time:_____

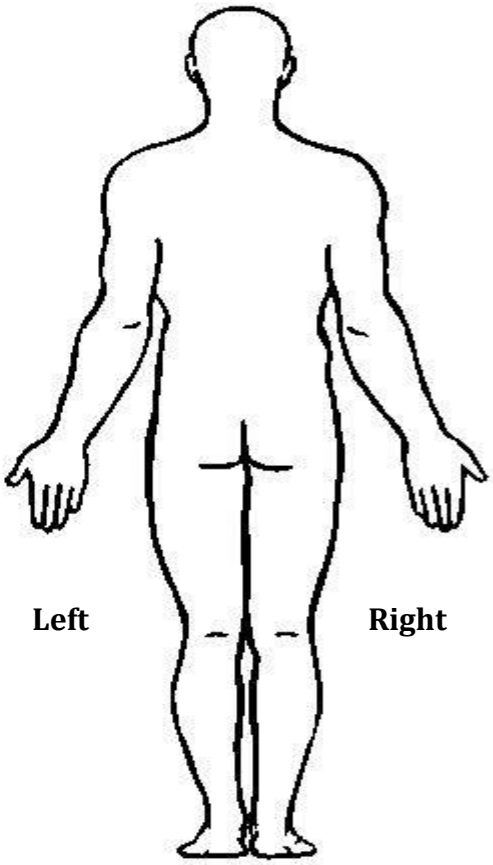
Dates of work missed due to this condition: _____

Did your complaints result from an auto accident: ( ) Yes ( ) No Date:_____ Time:_____

Have you been treated by a chiropractor before: ( ) Yes ( ) No His/Her name:_____

Please indicate on the drawings where you are experiencing symptoms and describe





Severity of pain

(No pain) 0 |----------| 10 (Extreme pain)

OFFICE USE: Height:_____ Weight:_____ RR:_____ T:_____ BP:_____

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INFORMED CONSENT/CONSENT TO TREAT

As with most healthcare procedures, there are some risks associated with chiropractic care. The most common adverse reaction to chiropractic care is soreness that is typically mild in intensity and lasts for one to two days. This is not uncommon for someone who has never been adjusted before or a patient dealing with an acute injury. Muscular strains and ligamentous sprains can occur as a result of chiropractic care though these are not common. Fracture of bones and dislocation of joints can also occur with chiropractic care. These would typically be related to an undiagnosed underlying weakness in the bones/joints being treated. Our doctors take care to try and use the least amount of force necessary to achieve the adjustment which decreases the likelihood of this occurring. We also use low force techniques with patients that have a pre-existing condition such as severe osteoporosis that would predispose them to these issues. Injuries to the intervertebral discs can occur during a chiropractic adjustment though this typically affects discs in a deconditioned state or that have already been weakened due to a pre-existing injury. Cerebrovascular injury or stroke is a risk of chiropractic manipulation of the cervical spine (neck).

I hereby give consent to receive on myself or the person listed below to whom I am legally responsible chiropractic manipulative therapy and the therapeutic modalities deemed necessary by the doctors and staff of Aliso Family Chiropractic. I understand that like most healthcare procedures there is some inherent risk and no guaranty of cure. I have had an opportunity to discuss my diagnosis and proposed course of care and the doctor has addressed all concerns to my satisfaction. I have also reviewed a copy of the privacy practices of Aliso Family Chiropractic.

Patient Name:_____

Patient/Guardian Signature:_____

Date:_____