Aliso Family Chiropractic - New patient registration

Patient Personal Information

Name: _____ Sex: ___ 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: (___)_____

SSN:_____ Employer:_____

Employer Address: _____ City:_____

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

What provides you with symptom relief?_____

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

Have you seen any other doctors for this condition? _____

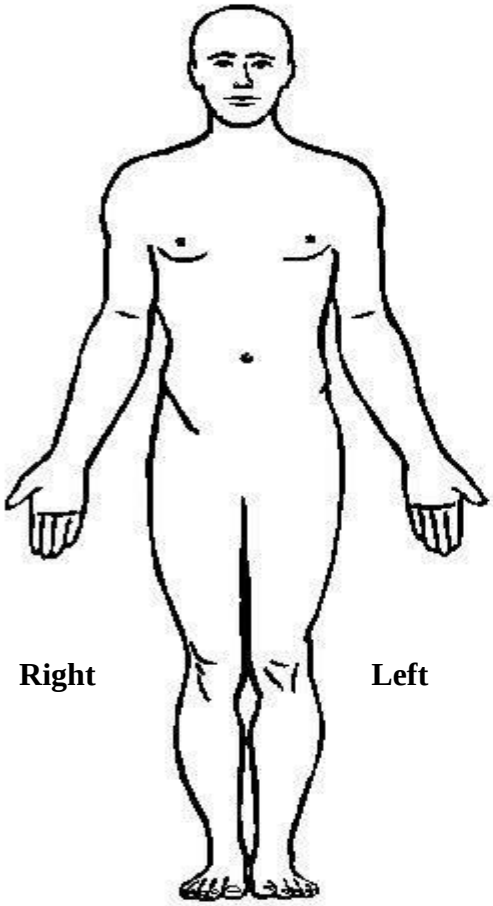
Did the accident/injury occur at work: ( ) Yes ( ) No Date:_____ Time:_____

Dates of work missed due to this condition: _____

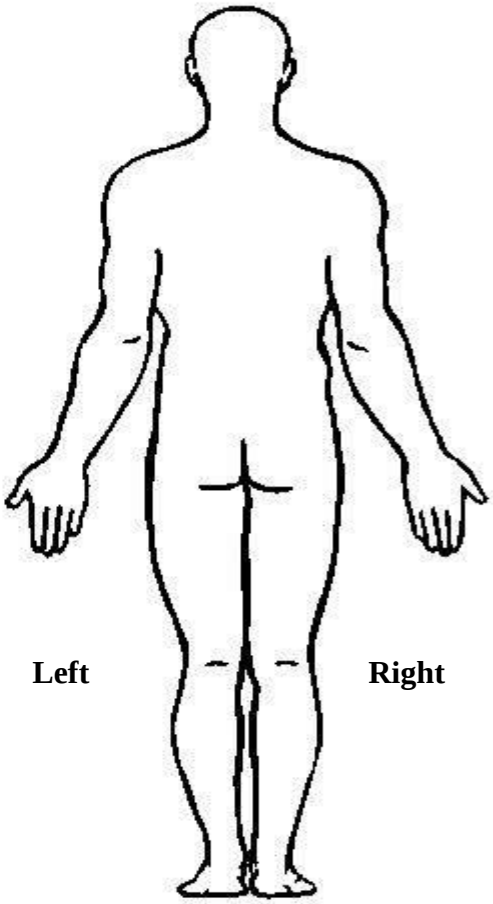
Did your complaints result from an auto accident: ( ) Yes ( ) No Date:_____ Time:_____

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

Please indicate on the drawings below where you are experiencing symptoms and describe what you are feeling.



Right **Left**



Left **Right**

Severity of pain

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

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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 considered by some health professionals to be a risk of chiropractic manipulation of the cervical spine (neck), though this is controversial and included in our list of risks out of an abundance of caution. As with fractures/dislocations and disc injuries, strokes occurring following chiropractic manipulation of the neck are exceedingly rare and likely to be related to an underlying weakness within the lining of the blood vessel itself. The thorough history taken and physical examinations performed by your doctor can help to identify underlying issues that may make you vulnerable to any of these risks.

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:_____