

## *Welcome to Dr. Mascali's Office!*

We appreciate and value the privilege of serving you  
and your family through Chiropractic Care!

We offer detailed examinations, specific and gentle Chiropractic adjustments and a variety of therapies to partner with you in maintaining or regaining your health.

### **Appointments**

We make every attempt to stay on schedule and it is helpful our patients are on time for their appointment slot. **We never double book** – therefore, the time scheduled is reserved specifically for you. We are always happy to schedule in advance so that you may book the times/days you prefer.

### **Cancellation Information**

We understand that unforeseen events may require you to reschedule or cancel an appointment. In that case, **please give us the courtesy of a 24-hour business day notice**. This enables us to reschedule for the time you would prefer, while filling the appointment with another patient that may need it – as we frequently have a waiting list. In the event a patient misses a scheduled appointment without this notice, we must charge a missed appointment fee of \$90.

### **Payment**

We offer self-pay rates through membership in our Pre-paid Program (see our plan brochure for detailed information). We are currently out-of-network with all major medical insurance companies; however, your policy may have a provision which covers a portion of your care in our office. In these cases, patients pay our standard rate in full at the time service is rendered and we provide a receipt for your reimbursement.

In many cases of automobile accident or worker's comp injury, we are able to bill directly to the responsible insurance company. Your unique policy and circumstance will determine our ability to do so. Please understand, since our relationship is with you, our patient, and not an insurance company - ultimately, you are responsible for all fees for services rendered.

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Signature

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Date

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

- Are you seeking Chiropractic care for \_\_\_ Injury \_\_\_ Specific Condition  
\_\_\_ General Wellness Care?

- Please list all current health complaints or concerns:

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- List any health professionals seen for the issues listed above:

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- List all surgeries and procedures:

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- List medications and/or supplements you take:

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- Have you had an automobile accident, worker's comp or other injury:

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- Is there any health information you would like us to know about you:

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SYMPTOM SURVEY: Please Circle ALL that Apply**

**Head:**

Headache Severity: Mild / Moderate / Severe  
Frequency: 1 2 3 4 5 times per day / wk / mo  
Characteristics: Sharp / Dull / Constant / Intermittent  
Located: \_\_\_\_\_  
Other: \_\_\_\_\_

**Neck:**

Pain Severity: Mild / Moderate / Severe  
Location: Right / Left / Both  
Pain with movement: Forward / Backward / Turn / Bend  
Characteristics: Stiffness / Spasm / Grinding  
Other: \_\_\_\_\_

**Shoulder:**

Pain in joint	Left / Right / Both
Pain across shoulder	Left / Right / Both
Movement restricted	Left / Right / Both
Tension	Left / Right / Both

**Arms:**

Pain in upper arm	Left / Right / Both
Pain in elbow	Left / Right / Both
Pain in Forearm	Left / Right / Both
Tingling/Numbness	Left / Right / Both

**Hands:**

Pain in wrist	Left / Right / Both
Pain in Hand	Left / Right / Both
Tingling/Numbness	Left / Right / Both

**Mid back:**

Pain Severity: Mild / Moderate / Severe  
Location: Right / Left / Both  
Pain with movement: Forward / Backward / Turn / Bend  
Characteristics: Sharp / Dull / Constant / Intermittent

**Chest:**

Pain in deep chest	Left / Right / Both
Pain in ribs	Left / Right / Both
Pain Severity	Mild / Moderate / Severe

**Abdomen:**

Pain Severity: Mild / Moderate / Severe  
Location: Right / Left / Both  
Characteristics: Nausea / Gas / Constipation / Diarrhea

**Low back:**

Pain Severity: Mild / Moderate / Severe  
Location: Right / Left / Both  
Pain with movement: Forward / Backward / Turn / Bend  
Characteristics: Sharp / Dull / Constant / Intermittent  
Other: \_\_\_\_\_

**Hips and Legs:**

Pain in buttocks	Right / Left / Both
Severity	Mild / Moderate / Severe
Pain in hip	Right / Left / Both
Severity	Mild / Moderate / Severe
Pain down leg	Right / Left / Both
Severity	Mild / Moderate / Severe
Numbness leg	Right / Left / Both
Severity	Mild / Moderate / Severe
Knee pain	Right / Left / Both
Severity	Mild / Moderate / Severe
Leg Cramps	Right / Left / Both
Severity	Mild / Moderate / Severe

**Feet:**

Ankle Pain	Right / Left / Both
Swollen Ankle	Right / Left / Both
Foot Pain	Right / Left / Both
Numbness	Right / Left / Both
Swollen Feet	Right / Left / Both
Cramps	Right / Left / Both

Notes: \_\_\_\_\_

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## System Review Form

### Eyes:

- ( ) Blurring of vision
- ( ) Double Vision
- ( ) Eye Fatigue easily
- ( ) Excessive tearing
- ( ) Light bothers eyes
- ( ) Excessive itching
- ( ) Pain in eyeball

### Ears:

- ( ) Loss of hearing
- ( ) Pain in ears
- ( ) Discharge from ears
- ( ) Vertigo
- ( ) Ringing in ears

### Nose/Sinus:

- ( ) Unusual nasal discharge
- ( ) Nose bleeds
- ( ) Pressure over eyes
- ( ) Pressure under eyes
- ( ) Obstruction of nose
- ( ) Frequent colds
- ( ) Sinusitis
- ( ) Nasal allergies
- ( ) Loss of smell
- ( ) Nasal trauma

### Mouth/Throat:

- ( ) Pain in mouth
- ( ) Pain in throat
- ( ) Bleeding gums
- ( ) Cavities
- ( ) Abscessed teeth
- ( ) Dentures
- ( ) Difficulty swallowing
- ( ) Changes in voice

### Respiratory:

- ( ) Shortness of breath
- ( ) Cannot breathe while lying
- ( ) Cannot sleep while lying
- ( ) Dry cough
- ( ) Productive cough
- ( ) Coughing up blood
- ( ) Wheezing

### Gastrointestinal:

- ( ) Poor appetite
- ( ) Constant nibbling
- ( ) Difficult swallowing
- ( ) Indigestion
- ( ) Some foods bother
- ( ) Nausea, vomiting
- ( ) Jaundice
- ( ) Abdominal pain

- ( ) Change in bowel
- ( ) Diarrhea
- ( ) Constipation
- ( ) Hemorrhoids

### Genitourinary:

- Urination:
  - ( ) Frequent
  - ( ) Normal
  - ( ) Infrequent
- Urine Amount:
  - ( ) High
  - ( ) Normal
  - ( ) Low
- ( ) Need to get up at night to urinate
- ( ) Abnormal intense desire to urinate
- ( ) Difficulty starting urination
- ( ) Decreased output
- ( ) Pain on urination
- ( ) Dribbling
- ( ) Blood in urine
- ( ) Cloudy urine
- ( ) Lack of bladder control
- ( ) Abdominal pain

### Skin/Hair/Nails:

- ( ) Eczema
- ( ) Itchy skin
- ( ) Dry scalp
- ( ) Oily scalp
- ( ) Rough, scaly skin
- ( ) Dry/oily skin
- ( ) Psoriasis
- ( ) Yellow skin
- ( ) Bruise easily
- ( ) Paper thin nails
- ( ) Nail biting

### Venereal Disease:

- ( ) AIDS
- ( ) Syphilis
- ( ) Gonorrhea
- ( ) Other \_\_\_\_\_

### Social History:

- ( ) Smoking
- ( ) Tobacco, other
- ( ) Alcohol use
- ( ) Drink coffee, tea
- ( ) Nervousness
- ( ) Irritability
- ( ) Fatigue
- ( ) Depression
- ( ) Anxiety

- ( ) Generally run-down
- ( ) Crave sweets
- ( ) Crave salt

### Diet:

- ( ) Balanced
- ( ) Not balanced

### Rest:

- ( ) Sufficient
- ( ) Not sufficient

### Recreation:

- ( ) Sufficient
- ( ) Not sufficient

### Stress Levels:

- Family:
  - ( ) Severe
  - ( ) Moderate
  - ( ) Minimal
  - ( ) None
- Job:
  - ( ) Severe
  - ( ) Moderate
  - ( ) Minimal
  - ( ) None

### Work:

- ( ) I like it very much
- ( ) It's okay
- ( ) I hate it

### For Women:

- ( ) Painful period
- ( ) Spotting
- ( ) PMS
- ( ) Irregular periods
- ( ) Lumps in breasts
- ( ) Other Breast Issue
- # of pregnancies \_\_\_\_

### Family History:

- Cancer: \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_
- Diabetes \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_
- Heart: \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_
- Kidney: \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_
- Lung: \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_
- Osteoporosis: \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_
- Scoliosis: \_\_\_\_Yes \_\_\_\_No  
Relationship: \_\_\_\_\_

### **...About You**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **...Account Information**

Person Financially Responsible for Account, if other than self \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

I authorize Dr. Mascali and to perform examination and treatment, and to diagnose and administer whatever chiropractic care is deemed necessary. I am NOT pregnant.

I authorize assignment of my insurance benefits or sums from any settlement, judgment, or verdict directly to Edward J. Mascali, D.C. for the services he provides. I authorize the release of my records to insurance companies, other medical professionals, or attorneys' offices.

I agree to pay Dr. Mascali for his services, as the charges are incurred, unless other arrangements have been made prior to treatment. I understand that my insurance plan is a contract between my company and me and that I am fully responsible for payment of all fees.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Guardian, if Applicable \_\_\_\_\_

Signature of Guardian \_\_\_\_\_

## **Informed Consent for Chiropractic Services**

### **Patient Information:**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

### **Purpose of Chiropractic Care:**

The purpose of chiropractic care is to correct or reduce the subluxation complex and thereby help improve overall health and alleviate pain through spinal and extra-spinal adjustments. We also utilize modalities to supplement adjustments in the care of the neuromusculoskeletal system.

### **Some Potential Benefits:**

Relief from pain and discomfort, improved mobility and function, enhanced overall wellness and prevention of future injuries.

### **Risks and Considerations:**

While chiropractic care is generally safe, it is important to be aware of the following potential risks, such as, temporary soreness or discomfort in the treated area, headaches or fatigue, and very rare but serious complications, such as herniated discs or nerve damage. I understand that no treatment is without risk, and I have the right to ask questions about any aspect of my care.

I understand and am informed that, in the practice of chiropractic, there are some risks to treatment including, but not limited to, fractures, disc injuries, strokes, dislocations, and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

### **Patient Responsibilities:**

I agree to provide accurate and complete information regarding my health history, including medications, past treatments, and current health conditions. I also agree to communicate openly with my chiropractor about my health and any changes I may experience during treatment.

### **Consent for Treatment:**

By signing this form, I consent to receive chiropractic care from Edward J. Mascali, D.C. and associates. I understand that I can withdraw my consent at any time and that I am free to ask questions regarding the treatment and procedures recommended.

### **Acknowledgment:**

I have read and understood the information provided above. I acknowledge that I have had the opportunity to ask questions and that all my questions have been answered to my satisfaction.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Guardian, if Applicable** \_\_\_\_\_

**Signature of Guardian** \_\_\_\_\_