

## **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 varied therapies to partner with you in maintaining or regaining your health.

### **Appointments**

We make every attempt to stay on schedule and it is helpful if you are on time for your appointments. ***We do not double book*** – therefore, the time scheduled is reserved specifically for you. We encourage you to schedule in advance so that you can book the time slots you prefer.

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 notice. This enables us to reschedule you for the time you would prefer, while filling the appointment with another patient that may need it – as we frequently have a waiting list for cancellations.

In the event a patient misses a scheduled appointment without calling to reschedule or cancel, we must charge a \$50 fee.

### **Payment**

We are currently out-of-network with all major medical insurance companies; however, your policy may have a provision which covers part of your care in our office. In these cases, patients pay in full at the time service is rendered and we provide a receipt for your reimbursement.

In most cases of automobile accident or worker's comp injury, we are able to bill directly to the appropriate 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, we must hold you responsible for all fees for services rendered.

I have read and agree to the above office policy.

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Signature

Date

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

...Please list ALL your current health complaints, including the reason that brought you to our office:

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...List any other doctors seen for current problems and list treatment received and results:

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...List all surgeries you have had and list dates:

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...List medications you are now taking:

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...Have you ever been in an automobile accident? Date and information:

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...Have you ever had an industrial/work related injury or any other serious injury, which required treatment:

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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  
Other:

**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: \_\_\_\_\_

[The page contains horizontal scan artifacts.]

## System Review

### 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 is: ☐ frequent

☐ normal

☐ infreq

amount is: ☐ 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

☐ Baldness

### Venereal Disease:

☐ AIDS

☐ Syphilis

☐ Gonorrhea

☐ Other

### Social History:

☐ Smoking

☐ Tobacco, other

☐ Alcohol use

☐ Drink coffee, tea

☐ Nervousness

☐ Irritability

☐ Fatigue

☐ Depression

☐ Generally run-down

☐ Crave sweets

☐ Crave salt

### Diet:

☐ Balanced

☐ Not balanced

### Rest:

☐ Sufficient

☐ Not sufficient

### Recreation:

☐ Sufficient

☐ Not sufficient

### Stress Levels:

*Family* *Job*

☐ severe ☐ severe

☐ mod ☐ mod

☐ min ☐ min

☐ none ☐ none

### Work:

☐ I like it very much?

☐ It's ok

☐ I hate it

### For Women:

☐ Painful period

☐ Spotting

☐ Vaginal discharge

☐ PMS

☐ Irregular periods

☐ Lumps in breast

# pregnancies \_\_\_\_\_

# deliveries \_\_\_\_\_

### 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 \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ SMWD Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ # \_\_\_\_\_

### ...Account information

Person Financially Responsible for Account \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

SS # \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

### ...Insurance Information

Insurance Co. \_\_\_\_\_

**Address for Claims** \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_ DOB \_\_\_\_\_

Pt. ID# \_\_\_\_\_ Group# \_\_\_\_\_

Customer Service Phone \_\_\_\_\_

I authorize Dr. Mascali and his agents to perform examination and treatment, including x-ray exam 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 also authorize Dr. Mascali to release my x-rays to a radiologist if a second opinion is necessary. I understand there is a fee for this service and I will be responsible for the fee.

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.

X  
signature

## Informed consent to Chiropractic Treatment with Edward J. Mascali, D.C.

***Please read this consent form, feel free to ask any questions you may have and then sign where indicated at the bottom.***

Clinicians who use spinal manual/instrument therapy techniques, such as for example joint adjustment or manipulation or mobilization, are required to inform patients that there are or may be some risks associated with such treatment.

While rare, some patients have experienced muscle and ligament sprains or strains, or rib fractures following spinal manual therapy. There have been reported cases of injury to a vertebral artery following neck adjustment, manipulation and mobilization. Such vertebral artery injuries may on rare occasion cause stroke, which may result in serious neurological injury and/or physical impairment. This form of complication is an extremely rare event, occurring about 1 time per 1 million treatments.

There have been reported cases of disc injuries following spinal manual therapy, although no scientific study has ever demonstrated that such injuries are caused, or may be caused, by adjustment or manipulative techniques and such cases are also very rare.

Treatments provided in my office, including spinal adjustment, manipulation and /or mobilization, have been the subject of much research conducted over many years and have been demonstrated to be appropriate and effective treatments for many common forms of spinal pain, pain in the shoulders/arms/legs, headaches and other similar symptoms. The risk of injury or complication from manual treatment is substantially lower than the risk associated with many medications, other treatments and procedures frequently given as alternative treatments for the same forms of musculoskeletal pain and other associated syndromes.

Additionally, we primarily use the Activator Method in our practice. The Activator Method is one of the most widely-researched chiropractic techniques and the only instrument adjusting technique with 23 clinical trials to support its efficacy. Activator Methods has published hundreds of clinical and scientific peer-reviewed papers, worked with major academic research institutions, and received grants from recognized entities like the National Institutes of Health. - [activator.com/research](http://activator.com/research)

**Acknowledgement:** I acknowledge I have discussed, or have been given the opportunity to discuss, with my Dr. the nature of chiropractic treatment in general and my treatment in particular as well as the contents of this consent.

**Consent:** I consent to the chiropractic treatment(s) offered or recommended to me by my clinician, including joint adjustment or manipulation or mobilization to the joints of my spine (neck and back), pelvis and extremities (shoulder, upper limbs and lower limbs). This consent applies to all my present and future treatments with Dr. Mascali.

\_\_\_\_\_  
*Patient / Guardian Signature*

\_\_\_\_\_  
*Date*