

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.

For our self-pay patients, we offer a pay-as-you-go option, as well as a pre-paid plan. We are glad to share the details of these options with you.

I have read and agree to the above office policy.

Signature

Date

Name _____ Age _____ Date _____

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

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

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

...List medications you are now taking:

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

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

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: _____

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

amount is: ☐ infreq
☐ 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:

- | <i>Family</i> | <i>Job</i> |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> severe | <input type="checkbox"/> severe |
| <input type="checkbox"/> mod | <input type="checkbox"/> mod |
| <input type="checkbox"/> min | <input type="checkbox"/> min |
| <input type="checkbox"/> none | <input type="checkbox"/> 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

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