



## YOUR FIRST TWO DAYS OF CHIROPRACTIC CARE

In order for us to be able to better serve you, we would like you to understand what will take place during your first 2 days of care.

Our purpose is to educate and adjust as many families as possible toward optimal health through natural and unique chiropractic care.

New Patient Visit - your first visit will consist of a one-hour in-depth consultation, which will include x-rays (for non-pregnant patients). You will get an adjustment and traction if appropriate. Our initial consultation is **\$75.00**.

Report of Findings (R1) – this is usually your second visit will consist of a problem and solution report. At this time, the doctor will go over all findings related to your care. You will be adjusted and traction, if appropriate. Our retail fee for an adjustment is **\$55.00**, due at the end of your visit or if you would like to sign up for one of our Wellness Care Plans

We will also go over your solution report. Due to the seriousness of this report, your spouse, or the person who helps you with your health and financial decisions, should be present. We have this policy so you will have support in making this most important health care decision and for you to thoroughly understand your condition and how we can help you. We look forward to working with you and **welcome to our chiropractic family!**

We at Sacred Touch Chiropractic understand that situations may arise that requires you to cancel your appointment; however, we do require a 24-hour notice of such cancellation. We may charge a **\$55.00** fee or apply the visit to your care plan, for any appointments that have not been cancelled within this time frame.

We are happy to supply you with a copy of your medical records; however, this service is subject to a \$25.00 processing fee. We require all patients in fill out a Medical Release form. After the form is completed and the fee is paid, please give our staff up to 7 business days to get these records together. We can fax medical records through a secure fax line to another medial provider.

Sacred Touch Chiropractic is willing to work with you on a payment plan. All payment plans need to be on Auto Pay. We will assign all accounts (30) days or more past due to an outside collection agency. This may be an automatic assignment unless management has approved prior arrangements.

**Patient Name:** \_\_\_\_\_

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

**Sacred Touch Chiropractic**  
Dr. Dawn Tames  
10613 N. Hayden Road – J108  
Scottsdale, Arizona 85260



## **DOCTOR – PATIENT RELATIONSHIP IN CHIROPRACTIC**

### **Chiropractic**

Chiropractic is a health care discipline, which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery. The practice of chiropractic focuses on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, Doctors of Chiropractic recognize the value and responsibility of working in cooperation with other health care practitioners when in the best interest of the patient.

### **Analysis**

A Chiropractor conducts a clinical analysis for the express purpose of determining whether there is evidence of *Vertebral Subluxation Complexes (VSC)*. When such complexes are found, chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no physician can promise you specific results. This depends upon the inherent recuperative powers of your own body.

### **Diagnosis**

Chiropractors are experts in diagnosing the Vertebral Subluxation Complex, but are not internal medical specialist. Every Chiropractic patient should be mindful of his/her own symptoms and express any change in their condition to their physician. Together the patient and physician can evaluate the situation and determine an appropriate course of action. The chiropractor, being a primary health care provider has a network with other health care professionals and if warranted may advise a referral. The patient is ultimately responsible for his or her own health care.

### **Informed Consent for Chiropractic Care**

A patient, in coming to the chiropractic Physician, gives the doctor permission and authority to care for the patient in accordance with the Chiropractic tests, diagnosis, and analysis. The chiropractic adjustment and procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or health care, if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known or to learn



through health care procedures whatever he is suffering from: latent pathological defects, illness, or deformities which would otherwise not come to the attention of the Chiropractor. The patient should look to the correct specialist for the proper diagnosis and procedures. The Chiropractor provides a specialized, non-duplicating health service. The doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

### **Results**

The purpose of Chiropractic services is to promote natural heal through the reduction of the Vertebral Subluxation Complex. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the Chiropractic procedures. Sometimes the response is phenomenal. In most cases there is a more gradual, but satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same Chiropractic care. Many medical failures find quick relief with Chiropractic care. In turn, we must admit that conditions, which do not respond to chiropractic care, may come under the control of or be helped through medical science. The fact is that the science of Chiropractic and Medicine may never be so exact as to provide definite answers to all problems. **Both** have achieved great strides in alleviating pain and controlling disease.

**Chiropractic doctors do not treat disease; they adjust subluxations to remove nerve interference, thus allowing the body to improve its function and heal itself.**

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

### **HIPPA Laws**

Due to HIPPA Laws – Please refrain from talking on your cell phone in this office. No picture taking allowed.

**Patient Name:** \_\_\_\_\_

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

**Sacred Touch Chiropractic**  
Dr. Dawn Tames  
10613 N. Hayden Road – J108  
Scottsdale, Arizona 85260



# DAWN TAMES, D.C.

10613 N. Hayden Road, J108  
Scottsdale, Arizona 85260  
480-315-8444

Pregnancy Patient Registration: This information is considered confidential. We need this information because we care enough to want to know, and your answers will help us determine if chiropractic can help you. We only accept what we believe to be chiropractic cases. In order for us to evaluate your health properly please be as neat and accurate as possible. Thank you.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Sex ( ) M ( ) F Due Date: \_\_\_\_\_  
Marital status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ No. of children \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employers Name \_\_\_\_\_ Address \_\_\_\_\_  
Who referred you to our office? \_\_\_\_\_

### Health Information

Reason for contacting our office

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you seen any other doctors for this? ( ) Y ( ) N ( ) MD ( ) DO ( ) DC

Results: \_\_\_\_\_

List surgical operations and years: \_\_\_\_\_

Drugs you now take: ( ) Antidepressants ( ) Pain killer ( ) Muscle relaxant ( ) Amphetamine  
( ) Insulin ( ) Tranquilizers ( ) Birth control pills ( ) Other \_\_\_\_\_

Have you been in an auto accident? ( ) Past year ( ) Past 5 years ( ) Over 5 ( ) Never

Describe: \_\_\_\_\_

Have you had any other personal injury or accident? ( ) Past year ( ) 5 years ( ) Over 5 ( ) Never

Describe: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Date of last menstrual cycle: \_\_\_\_\_

Due Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Do you have or have you ever had:**

Headaches

Neck pain

Back pain

Dizziness

Nervousness

Digestive disorders

Arthritis

Neuritis

Sinus trouble

Asthma

Diabetes

Heart trouble

Osteoporosis

Bleeding disorder

Nervous disorder

High Blood Pressure

Cancer

HIV +

Other , please

explain : \_\_\_\_\_

---

I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Guardian or Spouses Signature: \_\_\_\_\_

**Family Health Information:** (Many health problems are the result of hereditary spinal weakness; thus information about your family members will give us a better understanding of your total health picture).

Name	Relation	Past/Present Health Problems
------	----------	------------------------------

---

---