



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. **Welcome to our chiropractic family!**

We at Sacred Touch Chiropractic (STC) 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 medical 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
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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 specialists. 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 STC 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 healing 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:** _____

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Sacred Touch Chiropractic Center
Dawn Tames, D.C.

PEDIATRIC HISTORY

Dear New Parent /Patient,

It is a pleasure to welcome you to our family of happy and healthy chiropractic patients. We look forward to working with you to build better health for you and your family.

PATIENT NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ BIRTH DATE: _____

CELL PHONE: _____ OTHER PHONE : _____

EMAIL: _____

Sex: _____ Weight: _____ Height: _____

Names of Parents/Guardians: _____

PURPOSE FOR CONTACTING US? _____

OTHER DOCTOR'S SEEN FOR THIS CONDITION: Y N

DOCTOR'S NAMES & PRIOR TREATMENTS: _____

OTHER HEALTH PROBLEMS? _____

FAMILY HISTORY: _____

ARE YOU SATISFIED WITH THE CARE YOUR CHILD RECEIVED THERE? Y N

TYPE AND NUMBER OF DOSES OF MEDICATIONS OR ANTIBIOTICS YOUR CHILD HAS TAKEN DURING LIFETIME: _____ 6 MON.

VACCINATION HISTORY: REGULAR SERIES OR HALF DOSES

VACCINATION REACTION: UNEXPLAINED ALLERGIES, HIVES OR RASH, HIGH FEVER, VOMITING, SWOLLEN LIMBS, SWOLLEN SHOT SITE, PROBLEMS BREATHING, HIGH PITCH SCREAM OR CRY, SEIZURES OR CONVULSIONS, AND OR SUDDEN INFANT DEATH SYNDROME MAY BE ASSOCIATED WITH IMMUNIZATIONS REACTIONS MAY OCCUR WITHIN HOURS TO SEVERAL DAYS? N Y _____



PRENATAL HISTORY:

TYPICAL DELIVERY PROCESS INDUCES A FORCE OF 70-90 LBS OF PRESSURE ON THE HEAD AND NECK OF AN INFANT. IT IS ESTIMATED THAT 95-110 LBS OF PRESSURE CAN DECAPITATE A HEAD. THIS AMOUNT OF FORCE CAN BE DETRIMENTAL TO SUCH A YOUNG SPINE AND CAN BE THE CAUSE OF THE FIRST SUBLUXATION (SPINAL NERVE INTERFERENCE) IN YOUR CHILD AND CAN BE EFFECTING THEIR HEALTH AND MAY STILL BE EFFECTING YOURS. THE ADJUSTMENT PROCESS TO CORRECT THE NERVE INTERFERENCE ON AVERAGE UTILIZES 10-20 OUNCES OF PRESSURE.

NAME OF OBSTETRICIAN/ MIDWIFE: _____

COMPLICATIONS DURING PREGNANCY/DELIVERY? Y N _____

NUMBER OF ULTRASOUND DURING PREGNANCY? _____

MEDICATIONS DURING PREGNANCY/ DELIVERY? Y N _____

LOCATION OF BIRTH: HOSPITAL BIRTHING CENTER HOME OTHER: _____

BIRTH INTERVENTION: FORCEPTS VACUUM EXTRACTION CESSARIAN SECTION
child's head bruised, swollen or malformation of head

APGAR SCORE _____ BIRTH WEIGHT _____ BIRTH LENGTH _____

GENETIC DISORDER OR DISABILITY? Y N _____

FEEDING HISTORY:

BREAST FED: Y N HOW LONG: _____ FORMULA FED: Y N HOW LONG: _____

INTRODUCED; SOLIDS AT _____ MONTHS, COW'S MILK AT _____ MONTHS

ALLERGIES, OR INTOLERANCE: Y N LIST _____

DEVELOPMENTAL HISTORY:

During the following times your child's spine is the most vulnerable to stress and should be routinely checked by a Doctor of Chiropractic for prevention and early detection of vertebral subluxation(spinal nerve interference.) At what age was your child able to:

_____ RESPOND TO SOUND	_____ RESPOND TO VISUAL STIMULI	
_____ HOLD UP HEAD	_____ SIT UP ALONE	_____ CROSS CRAWL
_____ STAND ALONE	_____ WALK ALONE	_____ SKIP

ACCORDING TO THE NATIONAL SAFETY COUNCIL APPROXIMATELY 50% OF CHILDREN FALL FROM A HIGH PLACE DURING THEIR FIRST YEAR OF LIFE (BED, CHANGING TABLE , DOWN STAIRS,ETC.) WAS THIS THE CASE WITH YOUR CHILD? Y N LIST _____

HAS YOUR CHILD BEEN INVOLVED IN ANY HIGH IMPACT /CONTACT TYPE SPORTS (SOCCER, FOOTBALL, GYMNASTICS, BASEBALL, CHEER LEADING, MARTIAL ARTS, ETC.) Y N

HAS YOUR CHILD EVER BEEN INVOLVED IN A CAR ACCIDENT? Y N LIST _____

HAS YOUR CHILD BEEN SEEN ON AN EMERGENCY BASIS OR HOSPITALIZED ?
Y N LIST _____

HANDINESS: R L

CHILDHOOD ILLNESS

DOES YOUR CHILD HAVE ANY OF THESE PROBLEMS;

FREQUENT EAR INFECTION, TONSILLITIS, STREP THROAT, BED WETTING, DIGESTIVE DISORDERS, HYPERACTIVITY, ADD, ASTHMA, ALLERGIES, CONSTIPATION OR DIARRHEA, BLOOD DISORDERS, HEADACHES, GROWING PAINS, FREQUENT UPPER RESPIRATORY INFECTIONS, SEIZURES OR UNUSUAL BEHAVIORAL PROBLEMS.

CHILD'S DISPOSITION/ PERSONALITY _____

CHILDHOOD DISEASE:

Chicken Pox Y N Age _____ Rubella Y N Age _____ Rubeola Y N Age _____

Mumps Y N Age _____ Whooping Cough Y N Age _____ other _____

WE ARE HERE TO SERVE YOU AND ENCOURAGE YOU TO ASK QUESTIONS. YOUR PARTICIPATION IS VITAL AND WILL HELP DETERMINE YOUR CHILD'S RESULTS.

AUTHORIZATION FOR CARE OF MINOR

I _____ being the parent or legal guardian of _____ have read and fully understand the above information and hereby grant permission for my child to receive chiropractic care.. I authorize this office and its doctors to administer to my son/daughter as they deem necessary. I clearly understand that I am responsible for payment of all fees charged by this office.

SIGNED: _____

DATE: _____

I prefer to be contacted by: () Cell phone () Other phone () Email