

BALANCED SOLUTIONS HEALTHCARE



Where pain ends... and wellness begins

www.StClairMOchiropractic.com

Bart Coleman, D.C., MTAA

605 N. Commercial Avenue, St. Clair, MO 63077
 2190 S. Mason Rd., Ste 302, Des Peres, MO 63131
 Office: (636) 629-2414 Fax: (636) 629-2406

Sensitivity Symptoms Rating Scale

Rate 1(mild)-10(severe), leave blank if not present

- Abdominal Bloating___
- Achy feet/Restless Leg___
- Acne___
- ADHD___
- Anger___
- Asthma___
- Autism___
- Backache___
- Bodyaches___
- Canker sores___
- Constipation___
- Cough___
- Dermatitis___
- Depression___
- Diarrhea___
- Drowsy after meals___
- Eczema___
- Fatigue___
- Fever___
- Flatulence___
- Headache___
- High Blood Pressure___
- Hives___
- Indigestion___
- Insomnia___
- Itchy eyes___
- Itchy throat___
- Joint Pains___
- Moodswings___
- Nervousness___
- Poor weight gain/loss___
- Seizures___
- Sinusitis___
- Thirst___
- Throat Swelling___
- TOTAL ___/350

Other: _____
 Other: _____
 Other: _____

Rate of Reactions from Allergens

Rate 1(mild)-10(severe), leave blank if not present

- Alcohol___
- Almond___
- Apple___
- Banana___
- Beef___
- Carrot___
- Caffeine___
- Celery___
- Cheese___
- Chicken___
- Chocolate___
- Cow's Milk___
- Corn___
- Other:___
- Pet Dander___
- Dust___
- Fabrics___
- Grass___
- Mold___
- Other: _____
- Other: _____
- Other: _____
- Tobacco **Y N** Amount_____
- Alcohol **Y N** Amount_____
- Caffeine **Y N** Amount_____
- Soda **Y N** Amount_____
- Rec Drugs_____
- Rx_____
- Supplements_____
- Exercise **Y N** Frequency_____
- Pregnant **Y N** Pacemaker **Y N**
- Hobbies_____
- Surgeries_____

Today's Date_____

Name_____

Address_____

City_____ST__ZIP_____

Home #:_____

Cell #:_____

email:_____

Date of Birth_____

SSN:_____

Referred by:_____

Are you in pain today? **Y N**

Where_____

Onset Date_____

Cause_____

Getting Better? Worse?_____

Imaging_____

Other Physicians_____

Other Biomedical Testing_____

Trauma or Auto Accidents_____

Family Hx	Mother	Father	Sibling
Living	-	-	-
Asthma	-	-	-
Allergies	-	-	-
Cancer	-	-	-
Diabetes	-	-	-
Heart Disease	-	-	-
Mental Disease	-	-	-
Lung Disease	-	-	-

Any history of stroke or blood clotting issues? **Yes No**

Recurrent Emotions : Worry Fear Insecurity Anger Sadness Stress Fatigue Rage Grief _____

**BALANCED
SOLUTIONS
HEALTHCARE**



www.StClairMOchiropractic.com

Bart Coleman, D.C., MTAA

605 N. Commercial Avenue, St. Clair, MO 63077
2190 S. Mason Rd., Ste 302, Des Peres, MO 63131
Office: (636) 629-2414 Fax: (636) 629-2406

STEPS TO OPTIMIZE TREATMENT RESULTS

1. Read "Say Good-Bye to Illness or "Say Goodbye to your Allergies" or visit www.NAET.com prior to your appointment.
2. If you have a history of ANAPHYLAXIS, you should inform your practitioner to the visit and always be treated through a surrogate.
3. Bring all previous health reports (lab results, immunoglobulin studies, radiographic reports, psychological evaluation reports or any other reports) to the first visit.
4. Watch pertinent NAET videos at the office.
5. Shower before coming to the appointment, since the patient should not shower for 6 hours after NAET.
6. Do not wear perfume, aftershave lotion, and/or clothes smelling of cigarette smoke, spices or chemical. This might irritate yourself or other patients in the office.
7. Eat some food prior to the treatment because treatment should not be given when the patient is hungry, extremely tired, after working long shifts without rest or during the first three days of the menstrual period.
8. Wash hands with soap and water prior to the treatment. Wash with plain water after treatment before leaving the office. Rubbing hands together (interlacing the fingers) for 3 seconds can substitute for hand washing.
9. Patient may be OK to use or eat the substance treated for the full one hour from the time he/she received the spinal treatment. The 25 hour avoidance begins after the first hour of treatment and the patient may follow the instructions in the *NAET Guidebook* to optimize results.
10. Gate points are suggested for patient over ten years old and are suggested every two waking hour after the treatment for 25 hours. Vibration for 15 seconds at each point or manually massage for 60 seconds each. Begin and end on the right thumb, stimulating the designated points.

CONSENT AND RELEASE FORM

I, _____, hereby consent, authorize and request Dr. Coleman to administer the treatment deemed advisable and necessary to my (my ward's) condition in accordance with his/her best expertise. I agree to hold him/her harmless from any claims, suits for damages or complications which result from such treatment. I give my consent for Dr. Bart Coleman and his clinic associates to use my (my ward's) diagnostic and treatment data and my (my ward's) photograph if applicable in a flyer, research journals or other publishing purposes without revealing name, age, address or diagnosis.

INSURANCE VERIFICATION AND COLLECTION OF PATIENT BALANCE

- Insurance verification is not a guarantee of payment. Verification is only a quote of benefits. Insurance companies review charges individually and make payment accordingly. Charges not covered by insurance are the patient's responsibility and are due within 30 days of billing. You must comply with your insurance rules such as: a valid referral from your primary care physician, if needed, in order for your claims to be paid at the highest level. We will assist you in processing your referral; however, if a referral is not received to cover all dates of service, you will be responsible for all non-covered or denied charges.
- Co-payments and Co-insurance are the patient's responsibility and will be collected at the time of service. You may pay with check or keep an encrypted credit card on file. ****NAET treatment and/or acupuncture is often covered by insurance but the testing of vials is a SEPARATE and ADDITIONAL charge that will be billed to the patient.**
- If the "Explanation of Benefits" report shows the patient has an outstanding balance from the services not covered by the individual's insurance company, patients will receive a bill outlining these outstanding charges. Upon receipt, payment is due within 30 days: it is the clinic's policy to turn unpaid accounts over to a collection agency.
- If my account is not paid in full, I understand I will be required to pay actual cost of collection, reasonable attorney, court fees and 18% interest.

Name of the Minor _____ Relationship(mother, father, guardian, spouse, _____)

Signature _____ Date _____

Revised 12.28.17

**BALANCED
SOLUTIONS
HEALTHCARE**



*Where pain ends...
and wellness begins*

www.StClairMOchiropractic.com

605 N. Commercial Avenue, St. Clair, MO 63077
2190 S. Mason Rd., Ste 302, Des Peres, MO 63131
Office: (636) 629-2414 Fax: (636) 629-2406

Bart Coleman, D.C., MTAA