

CHIROPRACTIC INTAKE & HISTORY



PATIENT INFORMATION

Patient Name _____
 Cell Phone _____
 Address _____
 City _____ Zip _____
 Email Address _____
 Who may we thank for referring you? _____

Date of Birth _____ Sex M F

IN CASE OF EMERGENCY, CONTACT

Name _____
 Contact Number _____

HOW CAN WE HELP YOU?

Why are you looking to receive care? _____

If you are already experiencing a symptom, what is it? _____

How bad is it? How intense are your symptoms? (circle) **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
NO SYMPTOMS INTENSE SYMPTOMS

What does it feel like? (check where appropriate)

- | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Sharp | <input type="checkbox"/> Tingling | <input type="checkbox"/> Shooting | <input type="checkbox"/> Nagging |
| <input type="checkbox"/> Stiffness | <input type="checkbox"/> Burning | <input type="checkbox"/> Dull | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aching | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Cramping | <input type="checkbox"/> Swelling | |

How is this symptom/condition interfering with your life? (check where appropriate)

	No Effect	Mild Effect	Moderate Effect	Severe Effect		No Effect	Mild Effect	Moderate Effect	Severe Effect
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDREN & PREGNANCY

How many children do you have? _____

Are you currently pregnant? N Y, I am due _____

HEALTH & ILLNESS HISTORY

Please check the box beside any condition that you have or have had.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Circulation Issues | <input type="checkbox"/> Headache/Migraines | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Childhood Illness | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Shoulder Issues |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hip Issues | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Digestive Issues | <input type="checkbox"/> Immune Issues | <input type="checkbox"/> TMJ Issues |
| <input type="checkbox"/> Asthma/Allergies | <input type="checkbox"/> Elbow/Wrist/Hand Issues | <input type="checkbox"/> Lymphatic Issues | <input type="checkbox"/> Urinary Issues |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Endocrine Issues (Thyroid) | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Cardiovascular Issues | <input type="checkbox"/> Foot/Ankle Issues | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gout | <input type="checkbox"/> Reproductive Issues | _____ |

I acknowledge that all information provided is accurate. I hereby authorize this office to administer care as they deem necessary.

Signed: _____

Date: _____

Staff: _____



Informed Consent

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working toward the same objective.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential. We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

There are also potential associated side effects of the chiropractic adjustment, by signing below you acknowledge possible risks and give full informed consent of our chiropractic procedures. Possible associated side effects include: Soreness; a nearly always-temporary symptom while your body undergoes therapeutic change. Soft tissue injury; rarely a chiropractic adjustment may injure muscle or ligament structures resulting in a temporary increase in pain. Disc herniation; occasionally chiropractic adjustments may aggravate a herniated disc, yet this problem occurs so rarely that there are no available statistics to quantify their probability. Stroke; Vertebral Basilar Artery (VBA) stroke is a very rare event in the population (1 in 3 million neck adjustments- Journal of the CCA, Vol. 37 No. 2, June, 1993). The increased risks of VBA stroke are likely due to patients with headache and neck pain from a VBA dissection seeking care before their stroke. Recent research has found no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care. (Spine, Vol. 33 No. 45, 2008)

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(PRINT NAME)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I thereby accept chiropractic care on this basis.

Signature

Date



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Maxson Chiropractic is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected information.

Disclosure of your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. i.e. "On occasion, it may be necessary to seek consultation regarding your treatment from other health care providers associated with Maxson Chiropractic". "It is our policy to provide a substitute health care provider, authorized by Maxson Chiropractic to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary care provider's absence due to vacation, sickness, or other emergency situation." Due to the nature of Maxson Chiropractic's open adjustment areas, others may overhear conversations between the doctor and patient although every effort will be made to avoid loss of confidentiality. At any time you may request a private consultation with the doctor.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. i.e. "As a courtesy to our patients, we will submit an itemized statement to your insurance center for the purpose of payment to Maxson Chiropractic for health care services rendered. If you pay for your health care services personally we will, as a courtesy to you, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information including diagnosis, date of injury or condition, and codes which may describe the health care services received."

Emergencies

We may disclose your health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or your death.

Public Health

As required by law, we may disclose your health information to public health authorities for the purpose related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infectious exposure.

Judicial & Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order of subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by the Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing

We may contact you for marketing purposes or fundraising purposes, as in the following examples: "As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, we will leave a reminder message on your voice mail or with the person answering the phone. No personal health information will be disclosed during this recording or message with other than the date and the time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment." "It is our practice to participate in charitable events to raise awareness, food donations, etc. During these times, we may need to send you a letter, post card or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Maxson Chiropractic sponsored fund-raising events."

Change of Ownership

In the event that Maxson Chiropractic is sold or merged with another organization, your health information will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Maxson Chiropractic is not required to agree to the restriction you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and receive a copy of your health information.
- You have the right to request that Maxson Chiropractic amend your protected health information. Please be advised, however, that Maxson Chiropractic is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by Maxson Chiropractic.
- You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Maxson Chiropractic reserves the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all the information that it maintains. Until such an amendment is made, Maxson Chiropractic is required by law to comply with this Notice.

Maxson Chiropractic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Christina Maxson by calling this office at 832.328.0303. If she is not available you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights, or how Maxson Chiropractic has handled your health information should be directed to the office manager by calling this office at 832.328.0303. If he/she is not available you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Texas Board of Chiropractic Examiners
333 Guadalupe
Suite 3-825
Austin, TX 78701-3942
512-305-6700
or
1-800-821-3205

This notice is effective as of (September 22, 2019).

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Maxson Chiropractic with my authorization and consent to use and disclose my protected health care information for the purposes of the treatment, payment and health care operations as described in the Privacy Notice.

Signature of Responsible Party*

Print Patient Name

Date

*If Not Patient, Relationship To Patient: _____