

Chiropractic Registration and History

Today's Date: _____

Please Print Clearly

Patient Information

Name: _____
 Street: _____
 City/St./Zip _____
 Home Phone _____
 Cell Phone _____
 Email _____
 Sex _____ Height _____ Weight _____
 Birthdate ____/____/____ Age _____
 Marital Status _____
 Contact Method: CELL HOME EMAIL
 Pref Language: _____
 Employer Name and City: _____

 Who referred you to our office? _____

Insurance Information

Ins Carrier _____
 Phone # _____
 Policy / ID # _____
 Group # _____
 Address for Billing / Claims: _____

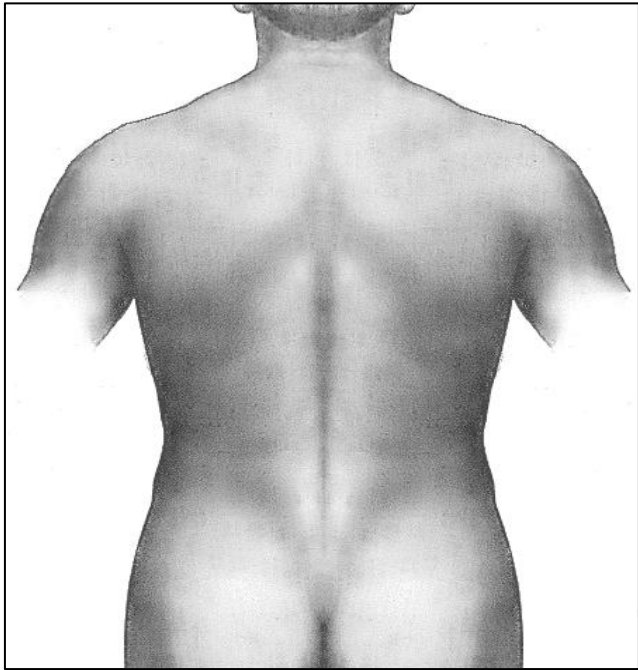
Race/Ethnicity: _____

Smoke? (circle one)
 Everyday Occas Never Former

Chiropractic History

Chiropractor's Name _____
 Reason _____
 Date of Last Visit _____

Primary Complaints



Place an X in the areas in which you have complaints and use the boxes to your right to describe them in order of severity

1 Location of Complaint _____
 Pain Rating 1 (least) to 10 (worst) - _____
 Date the pain started - _____
 Type of Pain (choose all that apply from list below)

 Does it interfere with any Acts of Daily Living?
 (choose all that apply from list below)

 List any Home Remedies you are using -

2 Location of Complaint _____
 Pain Rating 1 (least) to 10 (worst) - _____
 Date the pain started - _____
 Type of Pain (choose all that apply from list below)

 Does it interfere with any Acts of Daily Living?
 (choose all that apply from list below)

 List any Home Remedies you are using -

Options for Acts of Daily Living

- | | |
|----------|------------|
| SITTING | LYING DOWN |
| STANDING | WORK |
| WALKING | SLEEP |
| BENDING | ROUTINE |

Options for Types of Pain:

- | | |
|-----------|-------------------|
| SHARP | NUMBNESS/TINGLING |
| DULL | ACHING |
| THROBBING | SHOOTING |
| BURNING | STIFFNESS |
| CONSTANT | INTERMITTANT |

Your Personal Health History (please check all that apply)

- | | | |
|---|---|--|
| <input type="radio"/> AIDS | <input type="radio"/> Heart Trouble | <input type="radio"/> Reproductive Disorders |
| <input type="radio"/> Allergies | <input type="radio"/> Hepatitis | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Anemia | <input type="radio"/> Herniated Disk | <input type="radio"/> Rheumatism |
| <input type="radio"/> Arthritis | <input type="radio"/> High Blood Pressure | <input type="radio"/> Rheumatoid Arthritis |
| <input type="radio"/> Asthma | <input type="radio"/> High Cholesterol | <input type="radio"/> Scarlet Fever |
| <input type="radio"/> Bladder Trouble | <input type="radio"/> HIV/ARC | <input type="radio"/> Scoliosis |
| <input type="radio"/> Bone Fracture | <input type="radio"/> Kidney Disorder | <input type="radio"/> Sinus Trouble |
| <input type="radio"/> Cancer | <input type="radio"/> Loss of Bowel Control | <input type="radio"/> Stroke |
| <input type="radio"/> Chest Pain | <input type="radio"/> Lung Disease | <input type="radio"/> Thyroid Problems |
| <input type="radio"/> Concussion | <input type="radio"/> Menstrual Cramps | <input type="radio"/> Tuberculosis |
| <input type="radio"/> Constipation | <input type="radio"/> Migraines | <input type="radio"/> Tumors of Growths |
| <input type="radio"/> Convulsions | <input type="radio"/> Multiple Sclerosis | <input type="radio"/> Ulcers |
| <input type="radio"/> Depression | <input type="radio"/> Muscular Dystrophy | <input type="radio"/> Venereal Disease |
| <input type="radio"/> Diarrhea | <input type="radio"/> Nervousness | <input type="radio"/> Other |
| <input type="radio"/> Dislocated Joints | <input type="radio"/> Osteoporosis | _____ |
| <input type="radio"/> Epilepsy | <input type="radio"/> Parkinsons | <input type="radio"/> Other |
| <input type="radio"/> Fibromyalgia | <input type="radio"/> Pinched Nerve | _____ |
| <input type="radio"/> German Measles | <input type="radio"/> Polio | <input type="radio"/> Other |
| <input type="radio"/> Headaches | <input type="radio"/> Poor Circulation | _____ |

Exercise

Work Activity

Habits

- | | | | |
|--------------------------------|-----------------------|-----------------------------------|--|
| <input type="radio"/> NONE | <input type="radio"/> | <input type="radio"/> SITTING | <input type="radio"/> SMOKING - PACKS/DAY _____ |
| <input type="radio"/> MODERATE | <input type="radio"/> | <input type="radio"/> STANDING | <input type="radio"/> DRINKING - DRINKS/WEEK _____ |
| <input type="radio"/> HEAVY | <input type="radio"/> | <input type="radio"/> HEAVY LABOR | |

Injuries/Surgeries (please list all and their dates)

List All Medications you are currently taking

List Any Medications you are Allergic to

_____	_____
_____	_____
_____	_____
_____	_____

Family Health History: Include Parents, Siblings, and Children ONLY

	Illness	Type	Family Member
<input type="radio"/>	Cancer		
<input type="radio"/>	Clotting Disorder		
<input type="radio"/>	Dementia/Alzheimers		
<input type="radio"/>	Diabetes		
<input type="radio"/>	Gastrointestinal Disorder		
<input type="radio"/>	Heart Disease		
<input type="radio"/>	Hypertension		
<input type="radio"/>	Kidney Disease		
<input type="radio"/>	Lung Disease		
<input type="radio"/>	Osteoporosis		
<input type="radio"/>	Psychological Disorder		
<input type="radio"/>	Septicemia		
<input type="radio"/>	Stroke/Brain Attack		
<input type="radio"/>	Sudden Infant Death		

Doctor-Patient Relationship in Chiropractic/Privacy Statement

When a person seeks chiropractic care and when a chiropractor accepts a patient for such care, it's essential that they both are seeking and working towards the same goals. Chiropractic has one goal. It is therefore important that you understand the goal and our method to attain it. In this way there will be NO confusion, misunderstanding, or disappointment.

The purpose of Chiropractic is to restore and maintain the integrity of the spinal cord and its' nerve roots. These vital nerve pathways are housed in and protected by the bones of the spine (called vertebra). Misalignments of the vertebra, which interfere with the functions of these pathways, are called SUBLUXATIONS. Subluxations come from many causes and prevent various organs, glands and tissues from functioning properly.

By means of a Chiropractic ADJUSTMENT, subluxations are corrected (reduced). Thus, the normal nerve function restores itself. The goal of Chiropractic is to adjust vertebral subluxations for the purpose of allowing the proper transmission of nerve supply over nerve pathways to every part of the body at all times.

This allows the body's inborn, innate healing ability to work to maximum efficiency. With a proper nerve supply, health improves. In some, symptoms clear up quickly. In others, the process is slower, and in some, it is only partial or not at all. Regardless of what the disease is called, the Chiropractor does not offer to heal or treat it. The Chiropractor's only goal is to allow the body to heal itself and his only means is the correction of the vertebral subluxation.

Please understand that Chiropractic is NOT a substitute for medical treatments of any kind. Also, NO statement of the chiropractor is intended as a medical diagnosis and should not be confused as such. Chiropractic is not intended to be a treatment of the symptoms of a medical condition or to treat the causes of a medical condition.

Only a chiropractor can determine if your case is a chiropractic case. Medical doctors diagnose disease and chiropractors diagnose vertebral subluxations. Your diagnosis in this clinic will reflect spinal nerve interference, which is caused by vertebral subluxations. Our doctors will work with any other health care provider for your benefit. Inversely, you should expect all other health care providers to work together with your chiropractor for your benefit. This team approach to your health care will benefit you the patient the best.

The patient, in coming to the chiropractor, gives the chiropractor permission and authority to adjust the patient for spinal subluxations. If the patient is aware of any latent pathological defects, illness or deformities, which would not otherwise come to the attention of the chiropractor, it is their responsibility to notify the chiropractor. The chiropractor, of course, will not provide chiropractic adjustments if he is aware of any such conditions. The chiropractor provides a specialized health service in the detection and correction of the vertebral subluxation and its related components. Any risks regarding chiropractic treatment will be explained, in detail, upon request.

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the **Health Insurance Portability and Accountability Act** of 1996 ("HIPAA"). A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.

You can be assured that our clinic takes your privacy seriously and is in compliance with all HIPPA guidelines. Your health information will not be disclosed without your permission or will your name, address or telephone number be disclosed to any third party. Our privacy policy is available at the front desk upon your request.

Just as in any good relationship, proper communication is an absolute necessity. We want to help you attain your goal of health. If at any time your response is not satisfactory, we will gladly assist you in choosing a referral doctor for another opinion. Your health is our number one priority.

I, _____, have read the above, understand it fully and undertake Chiropractic care on this basis.
(Please Print Name)

CONSENT TO TREAT A MINOR CHILD

I hereby authorize the doctors of De Saro Chiropractic Center, and whomever they may designate as their assistants to administer treatment as they so deem necessary to _____,

Signature _____

Date _____

De Saro Chiropractic Center