* Carmel Chiropractic * New Patient Information Worksheet *

Name:_____**Date:**_____

Address:_____**City**_____**St** ____ **Zip**_____

Mobile#_____ **Work#**_____ **Birthdate**_____

Employed By:_____**Email**_____

Referred By: (Friend) (Relative) (Internet) (Sign) (Other:_____)

Which one of our patient's should we thank for referring you?_____

Please circle your current symptoms:

(Headaches) (Neck Pain) (Neck Stiffness) (Allergies) (Shoulder/Arm Pain) (Upper-Back Pain) (Mid-Back Pain) (Low-Back Pain) (Hip/Pelvis Pain) (Sinus Problems) (Asthma) (Stomach Pain) (Chest Pain) (Numbness) (Arthritis) (Sciatica) (Stress) (Leg Pain) (Other:_____)

My symptoms are due to: (Auto Accident) (Sports Injury) (Home Accident) (Gradual Onset) (Unknown)

List all surgeries: _____

Have you ever had spinal surgery? (No) (Yes_____)

List any serious condition the doctor should be aware of:_____

Previous Chiropractor: _____ **Were you satisfied?** (No) (Yes)

***Females: Are you pregnant at this time?** (No) (Yes) **Due Date:** _____

Medications:_____

Office Policies: *If I am accepted as a Patient at Carmel Chiropractic I agree to pay for all services, including services not covered by my insurance company. If I suspend (or terminate) my treatment without the doctor's recommendation, it will be understood that I have reached maximum healing for my condition. I then agree to be fully responsible for my condition and future care. I understand that no medical records or x-rays will be released from this office if I owe any money on my account.* **Consent To Treat:** *I also understand that no cures are promised (or implied) and any risks regarding care at this office will be explained to me upon my request. I now authorize Dr. Flynn to proceed with any necessary treatment. I have read Dr. Flynn's office policies and consent to treat information, and I agree with them by signing below:*

Signature: _____ **Date:**_____

Parent/Guardian's Signature_____**Date:**_____

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Consultation/Health History Questionnaire

Name_____Date_____

Where are the TOP 3 problems or pain areas in order of desire to be fixed?

1_____2_____3_____

When did the problem begin _____ What caused the problem?_____

_____

_____

Any prior episodes? YES NO How many _____ Dates_____

What have you tried to help? (circle) OTC pain reliever Heat Ice Stretching Topical creams Medical Doctor Chiropractor P.T.

What makes it worse? (circle) Sitting Standing Exercise Sleep Bending Driving Work Other_____

Quality of pain? (circle) Sharp Dull Burning Numbness Deep Superficial Tingling Radiating Other _____

How often do you have the problem? _____Daily _____On/Off sporadic _____Constant #_____ times a week

Does the pain radiate or travel? (circle) YES NO Where does it travel? _____

What do you think is the problem? _____

_____

What is the problem preventing you from doing?_____

Any past Car Accidents? How many total?_____ Dates?_____

Any past traumas? (Circle) Slips Falls Sports Injuries Work Injury Accidents Repetitious postures Other_____

What do you hope to gain when the problem is gone? _____

Treatment goals? _____

_____

What are you wanting to happen today in the office? _____

_____

Are you interested in: (check) _____ Quick Patch up _____ Find Cause by thorough Exam _____Spinal Maintenance for Life?

Do you know what spinal maintenance is? (circle) YES NO

Anything else you want Dr. Flynn to know about your condition:_____

_____

_____

_____

Signature_____ Date_____

Disclosure Of Fees / Payment Policy

99202	New Patient Exam	120
99203	New Patient Exam (Intermediate)	150
99211	Established Patient Exam (Brief)	55
99212	Established Patient Exam (Focused)	80
99213	Established Patient Exam (Intermediate)	110
72040	X-rays - 2 Cervical views AP/LAT	75
72070	X-rays - 2 Thoracic views AP/LAT	75
72100	X-rays - 2 Lumbar views AP/LAT	75
72170	X-rays - Pelvis AP only	60
98940	Spinal Manipulation (1-2 areas)	50
98941	Spinal Manipulation (3-4 areas)	50
97140	Myofascial release (Trigger pt. tx)	50
97112	Neuromuscular Re-Education	50
97110	Therapeutic Exercise	50
97014	Electrical Muscle Stimulation	40
97012	Intersegmental Traction	40
97010	Hot Pack	20
97010	Cold Pack	20

I have read the above codes and fees and understand the cost of my care with my treating doctor. I understand that I am responsible for payment of all deductibles and co-payments related to my care. If my balance is not paid in a timely and monthly fashion, I promise to pay any and all collection, court and attorney fees in the collection of my account. I further understand that if my treatment is associated with a personal injury or accident claim, all medical bills will be paid at 100% of the above fee schedule, regardless of the outcome of my case. I understand that if a check or debit is returned for insufficient funds, I will be charged a $30.00 service charge.

Dr Flynn Chiropractor Informed Consent

The primary treatment used by doctors of chiropractic is the spinal manipulation, sometimes called spinal adjustment.

The nature of the chiropractic adjustment.
I will use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel or sense movement.

The material risks inherent in chiropractic adjustment.
As with any healthcare procedure, there are certain complications, which may arise during chiropractic manipulation. Those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment.

The probability of those risks occurring.
Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history and during examination and X-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare.

The availability and nature of other treatment options.
Other treatment options for your condition include:
Self-administered, over-the-counter analgesics and rest
Medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers.

Hospitalization with traction

Surgery

The material risks inherent in such options and the probability of such risks occurring include:
Overuse of over-the-counter medications produces undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend the recovery time. The probability of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort, his pain tolerance and self-discipline in not abusing the medicine. Professional literature describes highly undesirable effects from long term use of over-the-counter medicines.

Prescription muscle relaxants and painkillers can produce undesirable side effects and patient dependence. The risk of such complications arising is dependent upon the patient's general health, severity of the patient's discomfort, his pain tolerance, self-discipline in not abusing the medicine and proper professional supervision. Such medications generally entail very significant risks - some with rather high probabilities.

Hospitalization in conjunction with other care bears the additional risk of exposure to communicable disease, iatrogenic (doctor induced) mishap and expense. The probability of iatrogenic mishap is remote, expense is certain, exposure to communicable disease is likely with adverse result from such exposure dependent upon unknown variables.

The risks inherent in surgery include adverse reaction to anesthesia, iatrogenic (doctor induced) mishap, all those of hospitalization and an extended convalescent period. The probability of those risks occurring varies according to many factors.

The risks and dangers attendant to remaining untreated.
Remaining untreated allows the formation of adhesions and reduces mobility which sets up a pain reaction further reducing mobility. Over time, this process may complicate treatment making it more difficult to treat and less effective the longer it is postponed.
The probability that non-treatment will complicate a later rehabilitation is very high.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.
I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed it with Dr. Brad Flynn and have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

PRIVACY PRACTICES
HIPAA Records Release Form

I have received or reviewed the privacy practice notice (4 pages) for Dr Flynn Chiropractor, and understand the situations in which this practice may need to utilize or release my medical records. I also understand that I agreed to the use of those records when I initially applied for care at this office (my Application For Care) on my first visit, whenever that may have occurred.

I understand that this office will properly maintain my records, and will use all due means to protect my privacy as outlined in this privacy practices statement.

I have read the Disclosure Of Fees / Payment Policy, Dr Flynn Chiropractor Informed Consent, PRIVACY PRACTICES HIPAA Records Release Form and agree to and fully understand all the terms and prices.

_____
Signature

_____
Print Name

_____
Date

_____
Witness