NEW PATIENT INFORMATION

Welcome to our office! Please complete all questions.

Name:		Date:	Height	Weight
Address:		City/State/Zip		
Home Phone:	Cell:		Work:	
Email Address:				
Birth Date:	Age:	Marital Status: M D W Single Separated		
Your Employer:		Occupation:		
Spouse's Name:		Spouse's Occupation:		
Children's Names and Ages:				
Favorite Hobbies or Interests:				
Methods of Payment for First Visit:		Cash	Check	Credit Card
Immediate Family History of :		Diabetes	Cancer	Heart Disease

Is today's visit for : __ Wellness Care __ Specific Problem What?_____
What are your health goals for today's visit and otherwise:

1) _____
2) _____
3) _____

Who may we thank for referring you?_____
Have you visited a chiropractor before?_____ Who?_____
Do you use any tobacco products?_____ How often?_____
Surgeries you have ever had:_____
Medications you currently take:_____
Pregnant?_____ Diagnosed with Cancer?_____ Type?_____
Do you have health insurance?_____Name of Company?_____
Are you experiencing or have you experienced any symptoms frequently this past year?

__ Low Back Pain __Pain between shoulders __Neck Pain __ Arm/Leg Pain
__ Joint Pain/Stiffness __Clicking Jaw __General Stiffness __ Dizziness
__ Nervousness __Depression/Confusion __ADD/ADHD __ Fainting
__ Numbness/Tingling __Fatigue __Loss of sleep __ Headaches
in Arms/Legs __Asthma __Severe Emotional Trauma
__ Allergies __ Diarrhea __ Constipation __ Heartburn
__ Chest Pain __ High/Low Blood Pressure__ Vision Problems __ Stroke
__Menstrual Issues __Breast Pain/Lumps __ Prostate Problems__Erectile Dysf

When was the last time you had a physical with your primary family doctor?_____
If you are in my office for a specific problem, what other treatment have you received?
_____

Many of our clients come to our office for wellness care. If you came here for a specific problem, please answer the following questions.

1. Which pain or condition that you are experiencing is the worst?
   _____
   _____
2. How long has it bothered you?_____
3. Vertebral subluxations can cause irritation to different fibers within nerves. Is your pain dull or sharp? _____
4. Subluxations can put pressure on the spinal nerves can cause pain that is either constant or occasional, which is yours? _____
5. Is it worse in the morning or afternoon?_____
6. Does it radiate in to an arm or leg or stay in one area? _____
7. Is there anything else you would like the doctor to know about your health?_____
   _____
   _____

History-- There are many ways conditions develop, some are from a big trauma others happen slowly over time. Help me learn how your body came to its present condition.

1. Do you know anything about your birthing process? Were you a forceps, suction, c-section baby?
   _____
2. Please list three memorable slip and falls that stick out in your memory
   a. _____
   b. _____
   c. _____

3. The average person has an auto accident every ten years. Please tell me about your most recent? _____
   Speed: _____ Front/Rear/Side Collision _____
   What kind of treatment did you receive?_____
   Any other accidents?_____
4. Most of our clients do work that is either repetitive, sedentary or physically taxing.
   a. What could be contributing to subluxation in your line of work?_____
   _____
   b. Please describe any stresses or strains at work not covered above _____
   _____
   c. What other types of employment have you had?_____
5. Please describe any stresses or strains you have had while participating in recreational activities or sports_____
   _____
6. Anything else you think I should know about you regarding stressors in your life or injuries that you have had?

TERMS OF ACCEPTANCE

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

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

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 evaluation, 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.

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 therefore accept chiropractic care on this basis.

_____ _____
(signature) (date)

Active Family Chiropractic Privacy Policy

Consent for Purposes of Treatment, Payment & Healthcare Operations (3/03) I consent to the use or disclosure of my protected health information by Active Family Chiropractic P.A. for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Active Family Chiropractic, P.A.

I understand that analysis, diagnosis or treatment of me by Active Family Chiropractic P.A. may be conditioned upon my consent as evidenced by my signature below. I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Active Family Chiropractic P.A.is not required to agree to the restrictions that I may request. However, if Active Family Chiropractic P.A. agrees to a restriction that I request, the restriction is binding on Active Family Chiropractic P.A. I have the right to revoke this consent, in writing, at any time, except to the extent that Active Family Chiropractic P.A. has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of Active Family Chiropractic P.A. and understand that I have a right that Notice's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Active Family Chiropractic P.A. The Notice of Privacy Practices for Active Family Chiropractic P.A. is also posted in the waiting room at 1700 Niagara Lane Suite 300 Plymouth, Minnesota. This Notice of Privacy Practices also describes my rights and duties of the Active Family Chiropractic P.A. with respect to my protected health information.

Active Family Chiropractic P.A. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of Active Family Chiropractic P.A. and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

_____	_____	_____
Patient Name	Patient Signature	Date