

Vertebrae

DATE: _____ LAST NAME: _____ FIRST NAME:

DATE OF BIRTH _____ SSN _____

AGE _____ MALE / FEMALE CELL NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

OCCUPATION _____ EMPLOYED BY _____

EMERGENCY CONTACT _____ PHONE _____

HOW DID YOU HEAR ABOUT VERTEBRAE?

HAVE YOU EVER HAD CHIROPRACTIC CARE BEFORE? YES / NO

If yes, when, where? _____

HAVE YOU BEEN IN A CAR ACCIDENT IN THE LAST 6 MONTHS? YES / NO

Minor Child Consent

I _____ being the parent or legal guardian of
_____ (Children's Names) have read and fully understand
the terms of acceptance and hereby grant permission for my child(ren) to receive chiropractic
treatment.

Name _____ Date _____

Reason for visiting us today _____

How long has this been a problem? _____

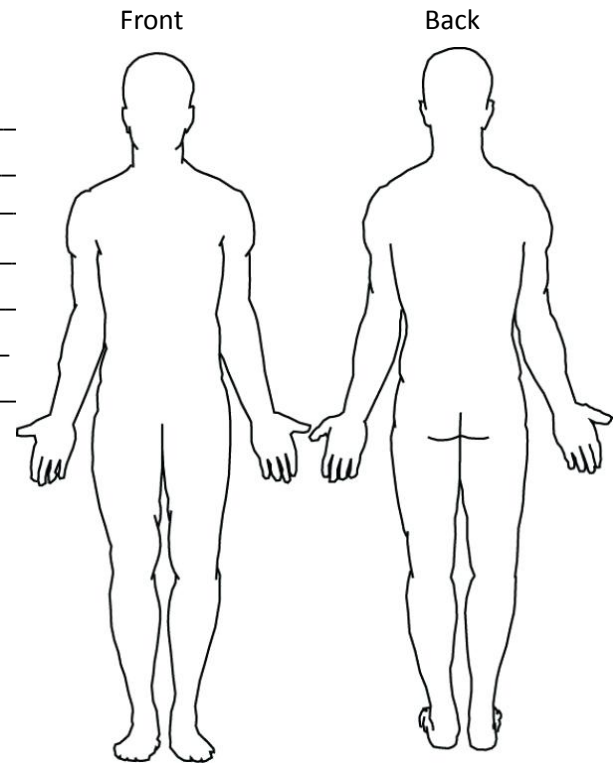
Does anything make it better? _____

Does anything make it worse? _____

Does the pain radiate? YES/NO If so, where? _____

Daily water intake (oz)? 8 16 24 36 64 MORE _____

Are you allergic to anything? _____



(Please indicate the location of your pain on the figures up above.)

Rate your pain/discomfort level on a scale of 0-10:

0 1 2 3 4 5 6 7 8 9 10

(10 being the highest) (Also, rate your lowest pain level)

Circle the type of pain/discomfort that you have:

- | | |
|-----------|----------|
| Sharp | Tingling |
| Dizziness | Aching |
| Throbbing | Numbness |
| Stabbing | Burning |

History

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Lower back pain/ stiffness |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Shoulder pain |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Upper back/stiffness |
| <input type="checkbox"/> Numbness, tingling pain in arms, hands, fingers, or face | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Cardiovascular Issues |

DO YOU SMOKE? YES / NO

ARE YOU ON BIRTH CONTROL? YES / NO

Broken bones? YES/NO If yes, please explain _____

Please list any **Surgeries** _____

Have you ever been **Hospitalized**? YES/NO

Current Medical Conditions _____

Past Medical Conditions _____

Family Medical Conditions _____

Current Medications _____

Patient Privacy, Informed Consent and Non-billing Statement

Requested Restrictions on Certain Disclosures of Health Information: In the case that an individual request under paragraph (a)(1)(i)(A) of section 164.522 of title 45, Code of Federal Regulation, that a covered entity restrict the disclosure of the protected health information of the individual, notwithstanding paragraph (a)(1)(ii) of such section, the covered entity must comply with the requested restriction if:

- I give Vertebrae permission to provide chiropractic services to me in an open bay area (room) where other patients are being treated. I am aware that other persons in the office may overhear some of my protected health information during the course of my treatment. The Doctor can provide a private room for any discussions that are necessary too not be overheard.
- I give Vertebrae and all its clinics operating under the common law name of Vertebrae permission to access my patient care records in accordance with all applicable laws.
- The protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.
- I understand and am informed that some risks are associated with chiropractic adjustments, including, but not limited to, sprains, dislocations, fractures, disc injuries, strokes and paralysis.
- I give permission to Vertebrae to use my address, phone number and clinical records to contact me with notifications, birthday cards, holiday related cards, information about treatment alternatives, or other health relation information.
- If Vertebrae contacts me by phone, I give them permission to leave a message on my answering machine or voicemail.

I, _____ (Patient's Printed Name) hereby direct that Vertebrae shall not submit any billing data or related claim(s) for, or on, my behalf to any private insurance program, Medicare or any Secondary Medicare Insurance Program, carrier with whom I have insurance services provided to me at Vertebrae. By signing this form, you understand the informed consent and are giving permission to use and disclose your protected health information in accordance with the directives listed.

(Patient Signature)

(Date)

Informed Consent to Ancillary Treatments

In addition to chiropractic adjustments, we may consider using additional treatments. These treatments may involve the following significant risks:

- Cryotherapy (skin reactions)
- Traction (Aggravation of present condition)
- Intersegmental Traction (Aggravation of present condition)
- Myofascial Release/Massage Therapy (Bruising, release of emboli)
- Vibratory Massage (Thumper/Percussor)
- Heat (1st & 2nd degree burns, hemorrhage)
- Ultrasound (Periosteal burn, skin reactions)
- Interferential IFC (Bruising, skin reaction)
- Flexion-Distracton Therapy (Aggravation of present condition)
- X-Rays (Exposure to high radiation levels)
- Erchonia Laser

Having been informed of the risks of the above checked Ancillary Treatments, I hereby give my consent to Vertebrae Clinics to perform the treatment and acknowledge that no guarantee or assurance as to the results that may be obtained from this treatment has been given to me.

(Patient Signature)

(Date)

Terms of Acceptance (Medicare Eligible)

When a patient seeks chiropractic health care from Vertebrae it is essential for the patient and the staff to understand our purposes and work toward reaching our objectives as a team.

Our Goal

At Vertebrae, our chiropractic adjustments only have one objective- to achieve and maintain the best physical, mental and social well-being for our patients, we achieve this through elimination of misalignments of the vertebrae in the spinal column. These subluxations of the spinal column can cause a decrease in the nerve's functions and cause interference to the transmission of mental impulses, decreasing the body's ability to health itself and basically shutting down the body's ability to function properly.

Our Services and Limitations

At Vertebrae, we accomplish these goals or objectives only through the specific applications labeled as the diversified approach to align the body's spinal column. We call this a "Adjustment". In an adjustment, the Doctor of Chiropractic will apply a force to the body's spine that facilitate the body's ability to correct vertebral misalignment of one or more of the body's 24 vertebrae.

At vertebrae we ONLY provide our patients with spinal adjustments services to achieve and maintain optical health as part of a wellness practice. Vertebrae DOES NOT offer to treat or diagnose any disease or condition other than a misalignment of the spinal column. If during your initial visit or any time during your care with us, we encounter any unusual findings or other areas of concern we will advise, you, our patient to seek other services that specializes in your condition. As stated, we are a clinic that only provides on-going Maintenance Care for our patients.

Medicare Limitations

As a Medicare Eligible Patient, Medicare will only cover spinal manipulation and adjustments of acute conditions of the spine. Medicare DOES NOT cover the type of Maintenance care offered by Vertebrae. As this stands Medicare will not cover this type of care offered by vertebrae. Vertebrae is neither equipped to bill, nor assist Medicare Patients in billing, Medicare or Secondary Medicare insurance carriers for services provide by Vertebrae. Vertebrae WILL NOT bill Medicare for services it provides.

I, _____ have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefor accept chiropractic on this basis.

(Patient Signature)

(Date)

Terms of Agreement

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 used to attain it. This will prevent confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method is the diversified approach. Diversified is the technique that generally results in the popping sound as the chiropractor makes a manual adjustment to correct misaligned or subluxated spinal segments of the neck or back and is one of the most widely used forms of manipulation in the chiropractic field.

Vertebral Subluxation: is when one or more of the bones of your spine (vertebrae) move out of position and create pressure on or irritate spinal nerves. Spinal nerves are the nerves that come out from between each of the bones in your spine. This pressure or irritation on the nerves then causes those nerves to malfunction and interfere with the signals traveling over those nerves.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. If any unusual findings are found during any examination by our Doctors at Vertebrae, we will inform you of these finding and help you find a place that will better fit your needs for care.

By signing below, I have read and fully understand the above statements. 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.

(Patient Signature)

(Date)

(Vertebrae Representative)

(Date)