



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 for the same objective.

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

Adjustment: The 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: The 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. We only offer to diagnose either vertebral subluxations or neuro-musculoskeletal conditions. 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 another health care provider.

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 major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations. However, we may use other procedures to help your body hold the adjustments.

I, _____ have read and fully understand the above statements.
Print Name

Consent to evaluate and adjust a minor child (if applicable):

I, _____ being the parent or legal gaurdian of _____
have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

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

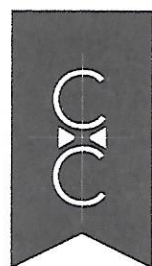
Signature Date

Pregnancy Release:

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

Date of last menstrual cycle: _____

Signature Date



Patient Information

Name _____ Date _____

E-mail Address _____

Address _____

Sex: (M) (F) Age _____ Date of Birth _____ Marital Status (S) (M) (W) Other _____
City State Zip

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse's Name _____ Spouse's Date of Birth _____

IN CASE OF EMERGENCY, CONTACT: _____

Relationship _____ Home Phone _____ Work Phone _____

Who may I thank for referring you? _____

Reason for Chiropractic Care

Wellness/Family Care (Y) (N) Specific Health Problem _____

When did the problem begin? _____ What makes it better? _____

What makes it worse? _____ Rate your problem from 1 (None) to 10 (Worst) _____

How often does this problem affect you? _____ Is it constant or does it come and go? _____

Please list any accidents, injuries, falls, or surgeries you have had _____

Please list any drugs/medicine you are currently taking _____

Please list any vitamins/herbs/supplements/ minerals you are currently taking _____

The information provided above is true to the best of my knowledge.

Signature _____ Date _____

There are six kinds of disturbances that can affect the human body. GLANDULAR, ELIMINATIVE, NERVOUS, DIGESTIVE, MUSCULAR AND CIRCULATORY. All dis-ease conditions, aches & pains and other discomforts experienced by the body can be attributed to one or more these disturbances to the body's 6 systems or "ZONES".



Please check all that apply below:



1
The Glandular System
The body's thermostat

- memory loss
- sleep
- skin
- hair
- menstrual
- thyroid/energy
- adrenals
- anxiety/depression
- ED/fertility
- hot tempered
- inability to concentrate
- low immunity



2
The Eliminative System
The body's waste disposal plant

- sinuses
- throat
- kidneys
- bladder
- intestines/colon
- nasal passages
- lungs
- bronchitis/pneumonia
- lymphatics
- bloating/toxins



3
The Nervous System
An intelligent communication network

- eyes
- balance/dizziness
- poor sleep
- solar plexus
- unable to relax
- nervousness
- ears
- tingling in extremities
- allergies/ food sensitivities
- digestion
- tension
- hormone imbalances



4
The Digestive System
Supplying the energy for life

- appetite
- acid reflux
- liver
- stomach
- intestines
- digestion
- taste
- heartburn
- gallbladder
- pancreas
- weight gain
- elimination



5
The Muscular System
The framework of the body

- neck
- arms/hands
- middle back
- legs/feet
- abdomen
- disc problems
- shoulders
- upper back
- lower back
- chest
- weakness
- muscle/joint pain



6
**The Circulatory/
Lymphatic System**
The body's plumbing system

- thyroid
- blood pressure
- heart problems
- headaches/migraine
- cold hands
- cold feet
- poor circulation

I, the undersigned, hereby give permission for treatment.

Patient's Signature _____ Date _____

(Parent or guardian if under 19 years of age)



HIPAA-FREE OFFICE CERTIFICATE OF PRIVACY ASSURANCE TO PATIENTS

The protection of your health information is a high priority in our office. The confidence and trust you have placed with us is appreciated and honored.

Under the federal rules passed in the Health Insurance Portability and Accountability Act (HIPAA), your personal and health care information could be obtained without your consent by many third parties (especially government agencies). The new rules for HIPAA entity offices only require notification or a log that records have been sent.

Any health care provider (physician, doctor) who engages in any electronic transactions with others is considered under the law to be a HIPAA entity. The initial object of the law was to stop and prevent the abuses that took place when patient health information entered the electronic world. However, under this new law, thousands of workers and many government agencies could have virtually unrestricted access to your health care records. It is not possible to protect patient information once records have entered computer networks—no matter how many rules are in force to protect you.

Our office has chosen to be a “HIPAA-free” office. This means that we will not engage in any electronic transactions with others. Our office will not subject your information to the vulnerability and risks of the electronic world. It is currently the best “protected health information” option available for our patients.

Accordingly, we will be better able to serve your needs by concentrating on your chiropractic care instead of having to constantly respond to complex and ever-changing HIPAA rules.

Since we do not utilize insurance reimbursement in any way, our office will not be participating in the HIPAA program by doing electronic transactions. Additionally, your records will NOT be disclosed or released to anyone without your written consent (unless specifically required by law).

We will continue to honor your trust in us and to protect your health information. As a HIPAA-free office, we can and will maintain the highest standards of excellence in privacy matters.