PATIENT APPLICATION FORM

Welcome to our wellness center, and thank you for choosing us for your healthcare needs. We are committed to providing you and your family with the highest quality care available so that you may enjoy an active, healthy life.
Our approach is very unique and advanced from other clinics. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if we can accept your case. Feel free to ask any questions if you need assistance, most of your questions will be addressed in the doctor's Report of Findings on or around your 4th visit. We look forward to a long, healthy relationship with you and your family.

PHILOSOPHICAL AGREEMENT

Wellness exists when all organs of the body function at 100% under the direction of the Nervous System. The Nervous System is the medium used to control and coordinate all body functions. Normal transmission of nerve impulses between the brain and body is necessary for normal life expression, which is wellness.
Subluxations of the spine caused by dysfunction of vertebrae interfere with the normal function of the nervous system. Abnormal transmission of nerve impulses results. This causes DIS-EASE and ill health, which in time can lead to abnormal life expression, symptoms, sickness and loss of potential.
Chiropractic Adjustments allow the body to remove interference to the nerve system, this leads to improved neurology, physiology and life expression. The effect of adjustments is better function, expression of life, greater resistance to sickness and disease.
Chiropractic is NOT a form of medicine. Medicine specializes in the treatment of disease, while Chiropractic specializes in the restoration and expression of life.
We do NOT Diagnose, Prognose, Treat or Cure Disease. We do not attack or suppress symptoms. If during your care you become concerned about your symptoms or your condition, we suggest you seek the help of the symptom, sickness and disease care professional. Our only goal is to free interference to LIFE ENERGY caused by subluxations. The power that made the body, heals the body.

_____

Patient Signature: Date:

Date: _____

PATIENT APPLICATION SURVEY

Name: _____ (Age) _____ Gender: M F

Home Address: _____ Home Phone: ( ) _____

City, State, Zip: _____ Work Phone: ( ) _____

Email Address: _____ Cell Phone: ( ) _____

Birth Date: _____ / _____ / _____ Social Security #: _____ - _____ - _____ Marital Status: S M D W

Names of Children: _____ Ages: _____

Occupation: _____ Employer Name: _____

Spouse's Name: _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

Spouse's Employer: _____ Occupation: _____

How were you referred to this office? _____

PURPOSE OF THIS VISIT

Reason for this visit – Main Complaint:_____

Is this purpose related to an auto accident / work injury? □ Yes □ No If so, when: _____

When did this condition begin? _____/_____/_____ Did it begin: Gradual Sudden Progressive over time

What activities aggravate your symptoms? _____

Is there anything, which has relieved your symptoms? □ Yes □ No Describe:_____

Type of Pain: Sharp Dull Ache Burn Throb Spasm Numb Tingling Shooting

Does the Pain Radiate into your: ___Arm ___Leg ___Does not radiate Is this condition getting worse? □ Yes □ No

How often do you experience these symptoms throughout the day?: 100% 75% 50% 25% 10% Only with Activity

Does complaint(s) interfere with: __Work __Sleep __Hobbies __Daily Routine Explain: _____

Have you experienced this condition before? □ Yes □ No If so, please explain: _____

Who have you seen for this? _____ What did they do? _____

How did you respond? _____

EXPERIENCE WITH CHIROPRACTIC

Have you seen a Chiropractor before? □ Yes □ No Who? _____ When? _____

Reason for visits: _____

How did you respond? _____

Did you complete the recommended chiropractic healthcare plan? □ Yes □ No

Did you know posture determines your health? □ Yes □ No

Are you aware of any of your poor posture habits? □ Yes □ No

Explain: _____

Are you aware of any poor posture habits in your spouse or children? □ Yes □ No

Explain: _____

The most common postural weakness is Forward Head Syndrome (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse affects on your overall health. Have you ever been told or felt like you carry your head forward, noticed a rounding of your shoulders or a developing "hump" at the base of your neck? Yes No

HEALTH LIFESTYLE

Date: _____
File#:_____

Do you exercise? Yes No How often? 1X 2X 3X 4X 5X per week other: _____

What activities? Running Jogging Weight Training Cycling Yoga Pilates Swimming _____

Do you smoke? Yes No How much? _____

Do you drink alcohol? Yes No How much / week? _____

Do you drink coffee? Yes No How many cups / day? _____

Do you take any supplements (i.e. vitamins, minerals, herbs)? _____

HEALTH CONDITIONS

Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called Subluxations (sub-lux-a-shuns). It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted POSTURE. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting in the neck and progressively moving down your spine weakening the entire body). Please check any health condition you may be experiencing, now or in the past.

CERVICAL SPINE (NECK):

Postural distortions from subluxations, (causing Forward Head Syndrome), in your neck will weaken the nerves into your arms, hands and head affecting these parts of your body. Do you experience…?

- ❑ Neck Pain
- ❑ Pain into your shoulders/arms/hands
- ❑ Numbness/tingling in arms/hands
- ❑ Hearing disturbances
- ❑ Weakness in grip
- ❑ Headaches
- ❑ Dizziness
- ❑ Visual disturbances
- ❑ Coldness in hands
- ❑ Thyroid conditions
- ❑ Sinusitis
- ❑ Allergies/Hay fever
- ❑ Recurrent colds/Flue
- ❑ Low Energy/Fatigue
- ❑ TMJ/Pain/Clicking

Explain: _____

THORACIC SPINE (UPPER BACK):

Postural distortions from subluxations (resulting from Forward Head Syndrome) in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience…?

- ❑ Heart Palpitations
- ❑ Heart Murmurs
- ❑ Tachycardia
- ❑ Heart Attacks/Angina
- ❑ Recurrent Lung Infections/Bronchitis
- ❑ Asthma/Wheezing
- ❑ Shortness Of Breath
- ❑ Pain On Deep Inspiration/Expiration

THORACIC SPINE (MID BACK):

Postural distortions from subluxations (resulting from Forward Head Syndrome) in the mid back will weaken the nerves into your ribs/chest and upper digestive tract, and affect these parts of your body. Do you experience…?

- ❑ Mid Back Pain
- ❑ Pain Into Your Ribs/Chest
- ❑ Indigestion/Heartburn
- ❑ Reflux
- ❑ Nausea
- ❑ Ulcers/Gastritis
- ❑ Hypoglycemia
- ❑ Tired/Irritable after eating or when you haven't eaten for a while

LUMBAR SPINE (LOW BACK):

Postural distortions from subluxations in the low back (resulting from Forward Head Syndrome) will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience…?

- ❑ Pain into your hips/legs/feet
- ❑ Numbness/tingling in your legs/feet
- ❑ Coldness in your legs/feet
- ❑ Muscle cramps in your legs/feet
- ❑ Constipation / Diarrhea
- ❑ Weakness/injuries in your hips/knees/ankles
- ❑ Recurrent bladder infections
- ❑ Frequent/difficulty urinating
- ❑ Menstrual irregularities/cramping (females)
- ❑ Sexual dysfunction
- ❑ Low back pain

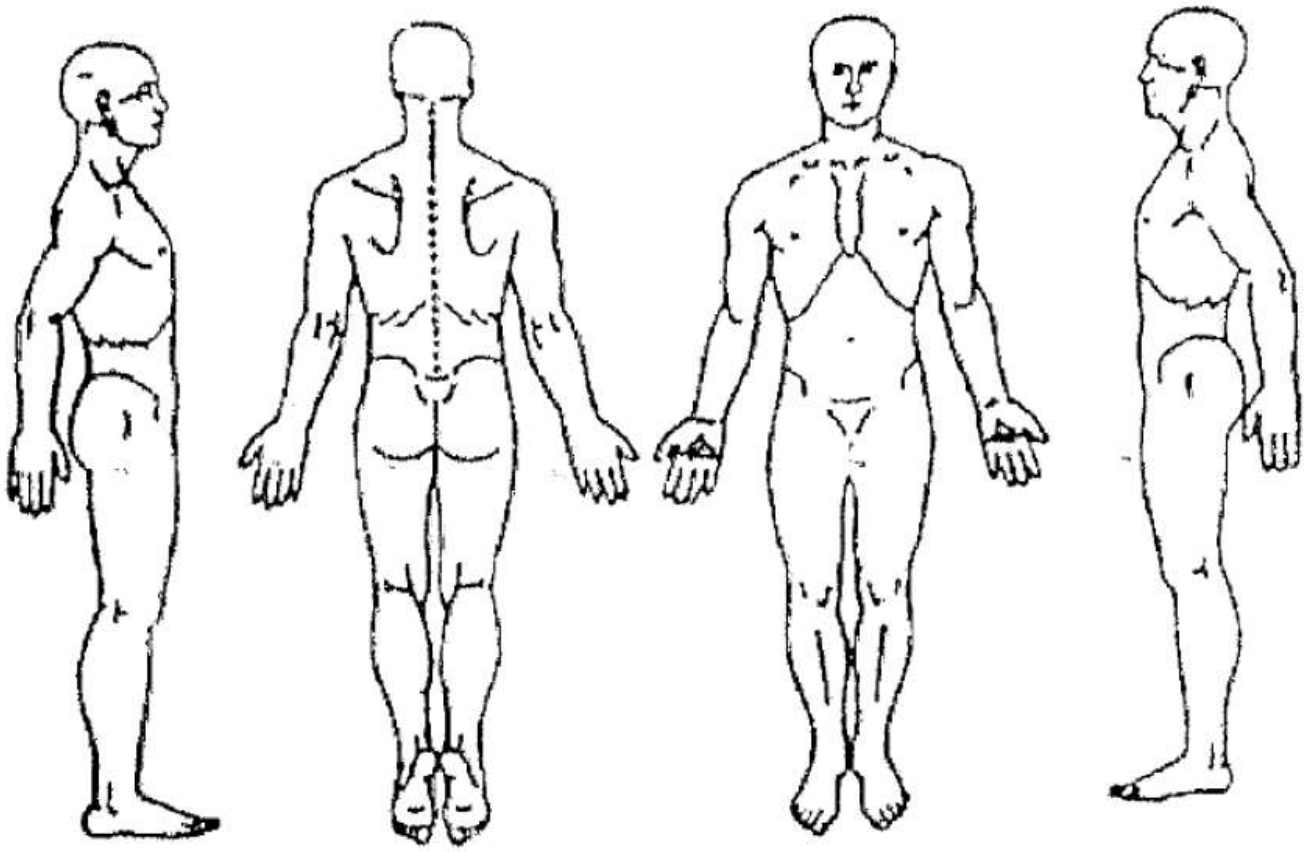
Please list any health conditions not mentioned: _____

Please list any medications currently taking and their purpose: _____

Please list all past surgeries: _____

Please list all previous accidents and falls: _____

PLEASE CIRCLE WHERE YOU ARE HURTING



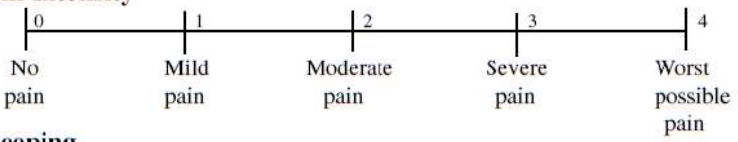
Date: _____
File#:_____

Functional Rating Index

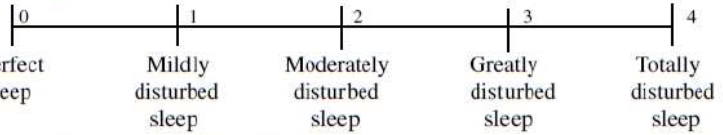
For use with **Neck and/or Back Problems** only.

In order to properly assess your condition, we must understand how much your **neck and/or back problems** have affected your ability to manage everyday activities.
For each item below, **please circle the number which most closely describes your condition right now.**

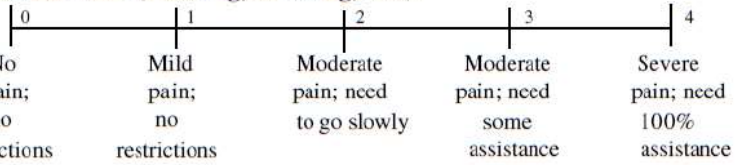
1. Pain Intensity



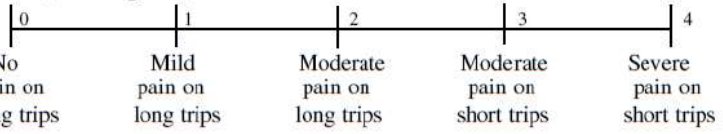
2. Sleeping



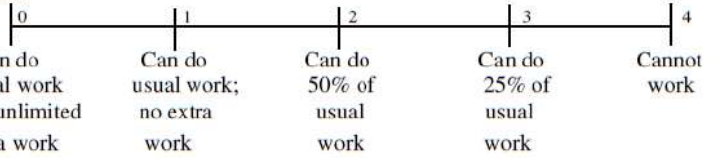
3. Personal Care (washing, dressing, etc.)



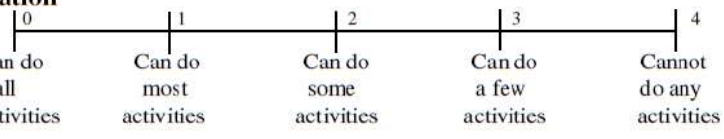
4. Travel (driving, etc.)



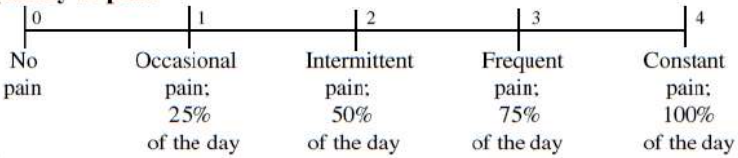
5. Work



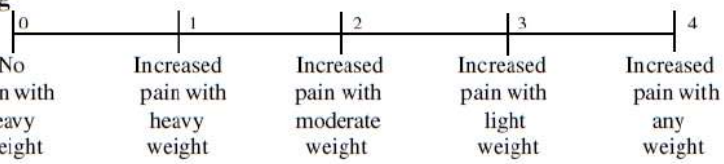
6. Recreation



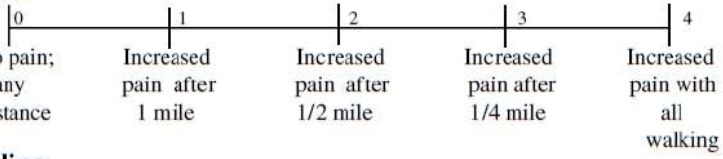
7. Frequency of pain



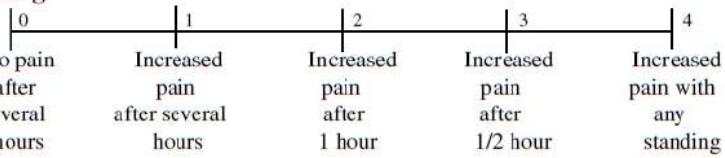
8. Lifting



9. Walking



10. Standing



Name _____
PRINTED

_____
Signature

_____
Date

Total Score _____

Office Fee Schedule and Financial Policy

Service:

Consultation (health evaluation)	N/C
First Visit	$197
Includes:	
Spinal X-rays (2 cervical, 2 lumbopelvic)	
Chiropractic Adjustment (3-4 Areas)	
Report of Findings/ X-ray review and Recommendations	
Re-Examinations (every 12 visits)	$75
Adjustment (1-2 Areas)	$42
Adjustment (3-4 Areas)	$47
Adjustment (5+ Areas)	$52
Extra Spinal Adjustment (Extremity/ per area)	$5
97012-S97110 (Physical Modalities)	$15-45

(Medicare fee schedule for adjustments is different, based on Palmetto GBA limiting charges.)

Financial Policy:

You are expected to pay for your chiropractic care at the time of service, unless you are on a healthcare payment plan coordinated with an outside finance agency. Prepayment plans can be purchased saving you 10 percent for individuals and 15 percent for family. Prepayment plans save you significant time, especially if you choose to pre-schedule your appointments.

Health Insurance:

Health insurance plans may differ. We are NOT in network with any health insurance plans and we instruct your health insurance company to pay you directly for any reimbursement. Since we are not contracted with your insurance company we have no idea if they will pay you and when. It is best to call the customer service number on the back of your insurance card and ask if you have any "out of network" benefits. If your insurance accidently pays our office for your reimbursement, as soon as we receive the payment, you may request a check or you can keep the credit on your account to be used towards future services.

Medicare:

Medicare requires X-rays and examinations, but does not cover them. The initial exam is $150, and re-exams are $75. These are necessary in order to justify the need for treatment. You will be reimbursed from Medicare for your adjustments ($30) through the mail for a course of treatment, but only as long as your visit is "medically necessary".

Accident/Injury:

If you were in a motor vehicle accident you may file your insurance yourself, but we cannot file it for you. We will accept assignment (payment) from your attorney after we have a signed lien and verified they will be representing you. If your accident case fails to cover any charges on your bill you will be responsible for paying these charges.

I have read and understand the above policies: _____

Patient Signature Date

_____

Print name DOB