# **Patient and Family History**

Email:       P         Insurance Name:       Si         Spouse Name:       E         Smoking Status:       Race:         How did you hear about our office?       E         How did you hear about our office?       If so         How did you ever experienced this pain before?       If so         Have you ever seen anyone for this complaint in the past?       If so         What makes your complaint feel better ( <i>ice, stretch</i> )?       What is the <u>severity</u> of your complaint?         No pain       Slight Pain       Some Pain         Affects So       2       3       4       5       6	when did it begin When did it begin Were work Please mark it on Ne Work 7 Please mark it on Please mark it on Please sour Ne Work Please sour Please sour P	Ethni in? What ma <u>n the sca</u> <u>Main co</u>	city:	e?	Bedridden 10 100% pply: erol rder
nsurance Name:       Signature         Spouse Name:       E         Smoking Status:       Race:         How did you hear about our office?       Race:         What is your main complaint?       If so         Have you ever experienced this pain before?       If so         Have you ever seen anyone for this complaint in the past?       What is the severity of your complaint?         What makes your complaint feel better ( <i>ice, stretch</i> )?       What is the severity of your complaint?         No pain       Slight Pain       Some Pain       Affects So         No pain       Slight Pain       Some Pain       Affects So         0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your       If so         Have you ever been hospitalized or had surgeries?       Have you ever been hospitalized or had surgeries?       Have you ever had any broken bones?         Have you ever been in an auto accident?       Have you ever been in an auto accident?       Have you take?       Have you have any serious medical problems not listed above?       Do	bscriber ID#: ployer: when did it begin when did it begi	Ethni in? What ma <u>n the sca</u> <u>Main co</u>	city:	e? Vork 9 9 al History e all that A High cholest Genetic diso Bleeding dis rregular M	Bedridden 10 10% pply: erol rder
Spouse Name:	aployer:   when did it begin   when did it begin  <	Ethni in? What ma n the sca A  main co Ple	city:	e? Vork 9 9 al History e all that A High cholest Genetic diso Bleeding dis rregular M	Bedridden 10 100% pply: erol rder
Smoking Status:	when did it begin when did it	Ethni in? What ma n the sca A  main co  Ple	city:	e? Vork 9 9 8 9 90% 11 History e all that A High cholest Genetic diso Bleeding dis rregular M	Bedridden 10 10% pply: erol rder
How did you hear about our office?         What is your main complaint?         Have you ever experienced this pain before?         If so         Have you ever seen anyone for this complaint in the past?         What makes your complaint feel better ( <i>ice, stretch</i> )?         What is the severity of your complaint?         No pain       Slight Pain         Some Pain       Affects So         2       3       4       5       6         What is the percentage of time that you       0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your       If so       6         On the diagram below, please mark where you are experiencing your       If so         Have you ever been hospitalized or had surgeries?       Image: Complete the second surgeries?         Have you ever been in an auto accident?       Image: Complete the second surgeries?         Have you ever been in an auto accident?       Image: Complete the second surgeries in the sec	when did it begin When did it begin Were work Please mark it on Ne Work 7 Please mark it on Please mark it on Please sour Ne Work Please sour Please sour P	n? What ma <u>n the sca</u> A  main co  Ple	kes it wors le below. ffects All V 8 nplaint? 80% Persor case Circl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e? Vork 9 9 90% 11 History e all that A High cholest Genetic diso Bleeding dis rregular M	Bedridden 10 10% pply: erol rder
What is your main complaint?	when did it begin when did it begin v Please mark it on the Work 7 experience your % 70% omplaint: Stroke Heart Disease Cancer High Blood Press Fatigue Kidney stones	n? What ma <u>n the sca</u> <u>A</u> main co	kes it wors le below. ffects All V 8 nplaint? 80% Person case Circl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e? Vork 9 20% 20% 20% 20% 20% 20% 20% 20% 20% 20%	Bedridden 10 10% 100% pply: erol rder
Have you ever experienced this pain before?       If so         Have you ever seen anyone for this complaint in the past?	when did it begin When did it begin Welease mark it on the Work Very 2007 Were the work Were the work We	What ma n the sca A main co	kes it wors le below. ffects All V ffects Al	e? Vork 9 20% 20% 20% 20% 20% 20% 20% 20% 20% 20%	Bedridden 10 10% 100% pply: erol rder
Have you ever seen anyone for this complaint in the past?         What makes your complaint feel better ( <i>ice, stretch</i> )?         What is the severity of your complaint?         No pain       Slight Pain         Some Pain       Affects So         2       3       4       5         6       What is the percentage of time that you         0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your       6         On the diagram below, please mark where you are experiencing your       6         Have you ever been hospitalized or had surgeries?	Please mark it on         ne Work         7         experience your         %       70%         omplaint:         Stroke         Heart Disease         Cancer         High Blood Press         Fatigue         Kidney stones	Vhat ma n the sca A main co Ple	kes it wors <u>le below.</u> <u>ffects All V 8  nplaint? 80% Person case Circl </u>	e? Vork 9 20% al History e all that A High cholest Genetic diso Bleeding dis	Bedridden 10 10% 100% pply: erol rder
What makes your complaint feel better ( <i>ice, stretch</i> )?         What is the severity of your complaint?         No pain       Slight Pain         2       3       4       5       6         What is the percentage of time that you       0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your       Image: Complexity of your complexity of you are experienced as your complexity of you are experienced as your complexity of you ever been hospitalized or had surgeries?         Have you ever been in an auto accident?	Please mark it on         ne Work         7         xperience your         %         70%         omplaint:         Stroke         Heart Disease         Cancer         High Blood Press         Fatigue         Kidney stones	What ma <u>n the sca</u> <u>A</u> <u>main co</u> <u>Pla</u>	kes it wors   le below.   ffects All V   8   nplaint?   80%   Person   case Circl   1   0   1	e? 9 90% al History e all that A High cholest Genetic diso Bleeding dis	Bedridden 10 10% 100% pply: erol rder
What makes your complaint feel better ( <i>ice, stretch</i> )?         What is the severity of your complaint?         No pain       Slight Pain         2       3       4       5       6         What is the percentage of time that you       0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your       Image: Complexity of your complexity of you are experienced as your complexity of you are experienced as your complexity of you ever been hospitalized or had surgeries?         Have you ever been in an auto accident?	Please mark it on         ne Work         7         xperience your         %         70%         omplaint:         Stroke         Heart Disease         Cancer         High Blood Press         Fatigue         Kidney stones	What ma <u>n the sca</u> <u>A</u> <u>main co</u> <u>Pla</u>	kes it wors   le below.   ffects All V   8   nplaint?   80%   Person   case Circl   1   0   1	e? 9 90% al History e all that A High cholest Genetic diso Bleeding dis	Bedridden 10 10% 100% pply: erol rder
What is the severity of your complaint?         No pain       Slight Pain       Some Pain       Affects So         2       3       4       5       6         What is the percentage of time that you         0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your         Image: Some Pain       40%       50%       6         On the diagram below, please mark where you are experiencing your         Image: Some Pain         Advest you ever been hospitalized or had surgeries?         Have you ever been hospitalized or had surgeries?         Have you ever been in an auto accident?         Have you ever been in an auto accident?         What medications and/or supplements do you take?         Do you have any serious medical problems not listed above?	Please mark it on         ne Work         7         experience your         %       70%         omplaint:         Stroke         Heart Disease         Cancer         High Blood Press         Fatigue         Kidney stones	n the sca A main co Plo	le below. ffects All V 8 nplaint? 80% Person case Circl 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	Vork 9 90% al History e all that A High cholest Genetic diso Bleeding dis	Bedridden 10 10% 100% pply: erol rder
No pain       Slight Pain       Some Pain       Affects So         2       3       4       5       6         What is the percentage of time that you         0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         On the diagram below, please mark where you are experiencing your         Advector of the diagram below, please mark where you are experiencing your         Have you ever been hospitalized or had surgeries?         Have you ever had any broken bones?         Have you ever been in an auto accident?         On you have any serious medical problems not listed above?	e Work 7 experience your 70% 70% omplaint: Stroke Heart Disease Cancer High Blood Pres Fatigue Kidney stones	A main co	ffects All V 8 nplaint? 80% Person case Circl	9 90% 90% e all History e all that A High cholest Genetic diso Bleeding dis	10 100% pply: erol rder
2       3       4       5       6         What is the percentage of time that you         0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your         Image: Colspan="2">Image: Colspan="2">Colspan="2">On the diagram below, please mark where you are experiencing your         Image: Colspan="2">Image: Colspan="2">Colspan="2">On the diagram below, please mark where you are experiencing your         Image: Colspan="2">Image: Colspan="2">Colspan="2"         What medications and/or supplements do you take?         Colspan="2">Colspan="2"	experience your % 70% omplaint: Stroke Heart Disease Cancer High Blood Pres Fatigue Kidney stones	<u>Pl</u>	nplaint? 80% Persor case Circl	90% al History e all that A High cholest Genetic diso Bleeding dis	100% pply: erol rder
0%       20%       30%       40%       50%       6         On the diagram below, please mark where you are experiencing your       Image: Constraint of the second s	% 70% omplaint: Stroke Heart Disease Cancer High Blood Pres Fatigue Kidney stones	<u>Pl</u>	80% Persor ase Circl	aal History e all that A High cholest Genetic diso Bleeding dis rregular M	pply: erol rder
On the diagram below, please mark where you are experiencing your         Image: Constraint of the system of the	omplaint: Stroke Heart Disease Cancer High Blood Pres Fatigue Kidney stones	<u>Ple</u>	Person	aal History e all that A High cholest Genetic diso Bleeding dis rregular M	pply: erol rder
Ave you ever been hospitalized or had surgeries?	Stroke Heart Disease Cancer High Blood Pres Fatigue Kidney stones			e all that A High cholest Genetic diso Bleeding dis Trregular M	pply: erol rder
Have you ever been hospitalized or had surgeries?	Heart Disease Cancer High Blood Pres Fatigue Kidney stones			High cholest Genetic diso Bleeding dis Frregular M	erol rder
Have you ever been hospitalized or had surgeries?	Cancer High Blood Pres Fatigue Kidney stones	ssure	]	Bleeding dis Tregular M	
In the second state of the second s	High Blood Pres Fatigue Kidney stones	ssure	]	rregular M	order
In the second state of the second s	Fatigue Kidney stones	ssure		0	
In the second state of the second s	Kidney stones				i
Iave you ever been hospitalized or had surgeries?         Iave you ever had any broken bones?         Iave you ever been in an auto accident?         Vhat medications and/or supplements do you take?         Do you have any serious medical problems not listed above?	•			Headaches	mation
Iave you ever been hospitalized or had surgeries?         Iave you ever had any broken bones?         Iave you ever been in an auto accident?         Vhat medications and/or supplements do you take?         Do you have any serious medical problems not listed above?	Loss of consciou	Isness		Arthritis	
Have you ever been hospitalized or had surgeries?         Have you ever had any broken bones?         Have you ever been in an auto accident?         Have you ever been in an auto accident?         What medications and/or supplements do you take?         Do you have any serious medical problems not listed above?					
Have you ever been in an auto accident? What medications and/or supplements do you take? Do you have any serious medical problems not listed above?					
What medications and/or supplements do you take?					
Do you have any serious medical problems not listed above?					
Tamily History: Cancer Diabetes High Blood Pressure					
	🗌 Heart Pr	roblems/	Stroke	Rheumato	d Arthritis
Are you <u>pregnant</u> ? Have you seen a Chiroprac	or before? If so,	when? _			
Do you want a <u>TEXT MESSAGE</u> or <u>EMAIL APPOINTMENT REMI</u>				. –	
SEE NEXT PAGE	<u>NDER</u> sent to yo	ou?	ГЕХТ	EMAIL	NONE
DOCTOR USE ONLY: BP:/ Height:			TEXT	EMAIL [	]NONE
Doctor Signature:	PAGE 1 O	<u>)F 2</u>	_	_	_

## INITIAL ALL

### **HIPAA REGULATIONS:**

In this document "I" and "my" refer to the patient, and "Chiropractor" refers to Point Loma Chiropractic. I consent to the use or disclosure of my protected health information by Chiropractor 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 Chiropractor. I understand that analysis, diagnosis or treatment of me by Chiropractor may be conditioned upon my consent as evidenced by my signature below.

I understand that I have the right to request a restriction to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Chiropractor is not required to agree to the restrictions that I may request. If Chiropractor agrees to restriction that I request, the restriction is binding on Chiropractor. I have the right to revoke this consent in writing at any time, except to the extent that Chiropractor has taken action to this consent. My "protected health information" means health information, including my demographic information collected from me by my physician, another health care provider or a health plan my employer or clearinghouse may obtain. This protected health information relates to my past, present or future physical or mental health condition and identifies me or there is a reasonable basis to believe the information may identify me.

\_\_\_\_\_I would like my medical/ personal information to be able to be shared with \_\_\_\_\_\_

If I choose to change my preference, I will notify Point Loma Chiropractic in writing.

**\_\_\_\_\_**I have read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information.

#### **INFORMED CONSENT**

Chiropractic care contributes to your overall wellbeing. The risk of injury or complications from treatment is substantially lower than that associated with many medical or other treatment, medications and procedures given for the same symptoms. Also, as your body begins to be restored to normal health, there may be some periods of time where you may feel the same symptoms that were previously gone. Understand that this is normal and indicates healing.

In accordance with CA Law this notice is to inform you as a patient of the material risks of undergoing Chiropractic care. This means that there are known inherent risks from a particular treatment. Since the literature is vague and sometimes biased and it is not absolutely known that there are any material risks from chiropractic care. This painless, logical and effective approach to healthcare has been serving people every day for over 100 years. It is licensed in every state and in most countries.

Chiropractic has the lowest incidence of any reported side effects than any other healthcare profession. Evidenced by our extremely low malpractice rates, the procedures that will be performed in the course of your care will consist of gentle chiropractic manual adjustments, and light force instrument posture balancing. You may receive cold laser therapy, flexion distraction for low back and disc pain and Active Release Technique "ART", Graston, Electrical Stimulation, Therapeutic Ultrasound or Taping.

In the history of Chiropractic there has been an extremely rare rate of occurrence for muscle spasms, tightness, rib fracture and disc injuries. Also, there have been medical reports of a possible connection to stroke although unconfirmed in the literature. There is virtually zero risk of this happening from chiropractic treatment. The largest study was done in 2001 by the Canadian Medical Association Journal that there is a 1 in 5.85 million risk that cervical manipulation performed by either an MD, PT or DC would be followed by a stroke. The author, David Cassidy, a professor of epidemiology at the Univ of Toronto said patients had already damaged the artery before seeing help from either a medical doctor or chiropractor than the stroke occurred after the visit.

You may experience some mild symptoms during the healing phase of your care. Please understand that these mild symptoms are normal and indicate healing as your health returns to its optimal state. Finally there are risks of not getting prescribed chiropractic care. These were one of the four components of risks from the Association of Chiropractic Colleges guidelines on informed consent from 2008. They include disc degeneration, loss of mobility, loss of tone and decreased quality of life. I acknowledge that I have discussed or have had the opportunity to discuss all possible risks and treatment with my chiropractor. My Chiropractor has explained these risks to me verbally and in the contents of this form. My signature applies to any and all future treatments in this office.

Chiropractor 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 Chiropractor and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

I am aware that there may be videotaping done to help analyze or diagnosis my condition. I consent to the videotaping and realized that the information will not be shared with anyone else unless I have specified so.

I am aware that my insurance <u>may not</u> cover all services performed in this office therefore there would be an extra charge of *\$15 per visit* for any non-covered services such as ART, Graston, Kinesio-taping, Rapid Release, Cold Laser, etc.

This acknowledges Ian Ahearn D.C., Matthew Sanicki D.C., Chris Coulsby, D.C., Carolena Jones and/or those associated with Point Loma Chiropractic are hereby authorized and directed by me to treat my present problem or illness to the best of their ability. In most cases there is a gradual, satisfactory response. Occasionally the results are less than expected. In such cases where the patient is not responding to treatment he/she may be referred to the most appropriate doctor or clinic.

### (Standard text messaging rates may apply)

Do you want a <u>TEXT MESSAGE</u> or <u>EMAIL APPOINTMENT REMINDER</u> sent to you? [] TEXT []EMAIL

Patient Sign:

Date:

DR. Sign: \_\_\_\_\_