

DILS CHIROPRACTIC

INITIAL HEALTH STATUS
(Chiropractic) Fax: 877/304-2746

Patient Name: _____ Birthdate: _____ Sex: M / F
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Social Security #: _____ Driver Lic. #: _____
Occupation: _____ Employer: _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Subscriber Name: _____ Health Plan: _____
Subscriber ID #: _____ Group #: _____ Spouse Name: _____
Spouse Employer: _____ City: _____ State: _____ Zip: _____
Primary Care Physician Name: _____ PCP Phone: _____

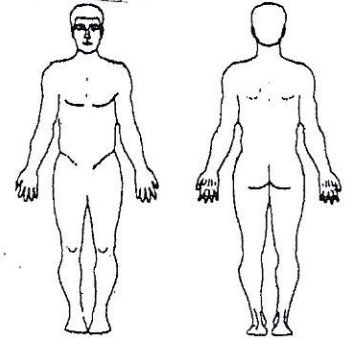
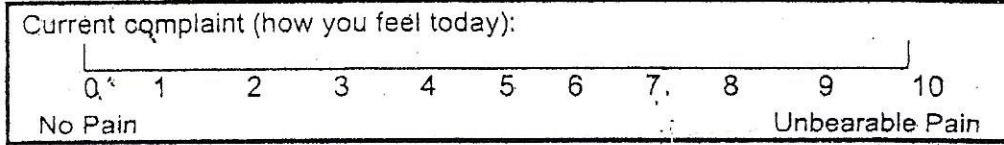
MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.

DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN:

Headache Neck pain Mid-back pain Low back pain
 Other _____
Is this? Work Related Auto Related N/A

Date Problem Began: _____

How Problem Began: _____



How often are your symptoms present?
(Intermittent) 0 - 25% 26 - 50% 51 - 75% 76 - 100% (Constant)

In the past week, how much has your pain interfered with your daily activities (e.g., work, social activities, or household chores)?

No interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

HAVE YOU HAD SPINAL X-RAYS, MRI, CT SCAN FOR YOUR AREA(S) OF COMPLAINT? No Yes

Date(s) taken: _____ What areas were taken? _____

Please check all of the following that apply to you:

- Recent Fever
- Diabetes
- High Blood Pressure
- Stroke (date) _____
- Corticosteroid Use (cortisone, prednisone, etc.)
- Taking Birth-Control Pills
- Dizziness/Fainting
- Numbness in Groin/Buttocks
- Cancer/Tumor (explain) _____
- Osteoporosis
- Epilepsy/Seizures
- Other Health Problems (explain) _____
- Prostate Problems
- Menstrual Problems
- Urinary Problems
- Currently Pregnant, # weeks _____
- Abnormal Weight Gain Loss
- Marked Morning Pain/Stiffness
- Pain Unrelieved by Position or Rest
- Pain at Night
- Visual Disturbances
- Surgeries _____
- Medications: _____

Family History: Cancer Diabetes High Blood Pressure
 Heart Problems/Stroke Rheumatoid Arthritis

I certify to the best of my knowledge, the above information is complete and accurate. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services rendered and I agree to notify this doctor immediately whenever I have changes in my health condition or health plan coverage in the future. I hereby authorize Dils Chiropractic to furnish my designated insurance carrier all information concerning my present illness or injury. I authorize benefits for the services provided to be made payable to the same.

Patient Signature: _____ Date: _____

**DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC
PATIENT INFORMED CONSENT**

CHIROPRACTIC

It is important to recognize the difference between Chiropractic and medicine. Either can be important to your health, but for entirely different reasons.. Chiropractors seek to restore health through natural means and without the use of medicines or surgery. Chiropractic is a branch of the healing arts that deal with the relationship between the articulations of the vertebral column, as well as other articulations, and the neuro-musculo-skeletal system and the role of these relationships in the restoration and maintenance of health. While chiropractors treat many neuro-musculo-skeletal problems, the primary job of the chiropractor is to locate and correct vertebral misalignments, known as vertebral subluxations.

ANALYSIS

A Chiropractor conducts a Chiropractic spinal analysis for the primary purpose of determining whether there is evidence of vertebral subluxations. When such subluxations are found, Chiropractic adjustments are given to restore proper spinal alignment. It is the Chiropractic premise that proper spinal alignment allows the neuro-musculo-skeletal system to function properly and give the body the best chance to heal itself. Due to the complexities of nature, no Chiropractor can promise you specific results. This depends upon the recuperative powers of the body. Depending on the presenting situation the Chiropractor may elect to conduct other forms of physical analysis, and/ or recommend certain diagnostic procedures.

DIAGNOSIS

Although Chiropractors are experts in Chiropractic analysis, they are not specialists in the field of medical diagnosis. Internists are medical specialists who are highly qualified for medical diagnosis. Every Chiropractic patient should be mindful of their own symptoms, and should secure medical opinion if they have any concern as to the nature of their illness or injury. Your doctor of Chiropractic may express an opinion as to whether or not you should take this step, but you should take the initiative if in doubt.

CHIROPRACTIC ADJUSTMENTS

The patient, in coming to the Chiropractor, gives the Chiropractor permission and authority to perform chiropractic adjustment to the patient in accordance with the Chiropractic spinal analysis. The patient also consents to any other chiropractic procedure that the Chiropractor may deem necessary. Chiropractic adjustments/procedures are usually beneficial and seldom causes any problem. In rare cases, underlying physical defects, deformities, or pathology may render the patient susceptible to injury. The Chiropractor, of course, will not perform a Chiropractic adjustment/procedure if he is aware that such condition exists. Again, it is the responsibility of the patient to make it known, to learn through medical procedures whether he is suffering from latent pathological defects, illness, or deformity, which would otherwise not come to the attention of the Chiropractor. The patient should not look to the Doctor of Chiropractic for in-depth medical diagnostic procedures. The Doctor of Chiropractic provides a specialized health service, and does not and should not become involved in the patient's medical regimen. A patient should never ask or accept advice from a Chiropractor concerning the taking of prescriptive medicines. The Doctor of Chiropractic is not licensed in medical practices.

RESULT

The purpose of Chiropractic services is to promote natural health and healing. Since there are so many variables, it is difficult to predict the time schedule and efficiency of Chiropractic procedures. Sometimes the response is phenomenal. In some cases, there is a more gradual, but quite satisfactory, response. Occasionally, the results are mediocre or dismal. Two or more similar conditions may respond differently to the same Chiropractic care. Many medical failures find quick relief through Chiropractic. In turn, we must admit that the conditions which do not respond with Chiropractic may come under control or be cured through medical science. The fact is, the sciences of Chiropractic and medicine may never be so exact as to provide definite answers to any problems. Both have made great strides in alleviating pain and controlling disease.

Questions

The patient should discuss any problems with the Doctor before signing this statement of policy.

ACKNOWLEDGEMENT

I have read the foregoing information and understand it. I hereby request and/or consent to the performance of Chiropractic adjustments and/or other Chiropractic procedures, on me (or on the patient for whom I am legally responsible) by Dr. David Dils and/or his assigned student intern/staff who now and or in the future may care for me in this office.

Date

Patient's/Guardian's Signature

Date

Doctor's/Staff's Signature