

Vega Chiropractic

(417) 581-1300

1114 W. Jackson St. Ozark, MO 65721

vegachiropractic.insurance@gmail.com

Name _____ Age _____ Date of Birth _____

Social Security Number _____

Address _____ City _____ State ___ Zip _____

Cell _____ Home _____ Alternate _____

Email _____

Please provide us with up to two contact numbers in the event of an emergency:

Marital Status: M S W D

Name of Spouse _____ Phone _____

Alternate Contact _____ Phone _____

Authorization to Treat

Chiropractic

A Doctor of Chiropractic is a physician and a member of the healing arts concerned with the health needs of the public. The Doctor of Chiropractic gives particular attention to the relationship of the structural and neurological aspect of the body in health and disease. He/she is educated in the basic clinical sciences, as well as in other related health subjects. It is important to recognize the difference between chiropractic and medicine. Both may be important to your health but for entirely different reasons. Chiropractic physicians seek to restore health through natural means without drugs or surgery. They do this by attempting to free the body of any functional or structural abnormalities of the neuromusculoskeletal system. This enhances the body's own amazing ability to heal itself. It is important to understand what to expect from chiropractic services so that you, the patient, can make an informed decision as to whether it may be of benefit to you.

Analysis and Diagnosis

The Doctor of Chiropractic must be well trained to diagnose, including, but not limited to, spinal analysis; to care for the human body in health and disease; and to consult with or refer to other health care professionals. A chiropractic physician conducts an analysis to determine whether there is evidence of spinal subluxation. When such subluxations are found, chiropractic adjustments are given to restore proper spinal alignments, giving the body its best chance to restore health. Due to the complexities of nature, no physician can promise you specific results. With respect to chiropractic diagnosis, it is the position of the Council on Chiropractic Education that appropriate evaluative procedures must be undertaken by the chiropractic physician prior to initiation of patient care. The physician must do proper and necessary examination procedures, including recording of patient and family history, presenting complaint, subjective symptoms, objective findings, and skeletal-biomechanical and subluxation evaluation, and when clinically necessary, such reports, emotional psychological evaluation, x-ray evaluation, and a diagnosis or clinical impression made therefrom. Every patient should be mindful of his/her own symptoms and should secure a second physician's opinion if he has any concerns to the nature of his/her illness or injury.

Chiropractic Adjustments

The patient coming to the Chiropractor gives permission and authority to adjust the patient in accordance with chiropractic analysis and diagnosis. The chiropractic adjustment usually is beneficial and seldom causes any problems. In rare cases, underlying physical defects, deformities, or pathology may render the patient susceptible to injury. Although it is uncommon, in certain cases, illness or injury may result from any treatment rendered by any health care professional. Again, it is the responsibility of the patient to make it known or to learn thorough medical procedures whether he is suffering from latent pathological defects, illness, or deformities which would otherwise not come to the attention of the Doctor of Chiropractic. The chiropractic physician provides a specialized health service and does not take part in the patient's medical regimen. A patient should never ask for or accept advice from a chiropractic physician concerning the taking of prescriptive medicines. Similarly, a patient should not ask for or accept treatment from a Doctor of Chiropractic which involves a surgical procedure of the practice of obstetrics.

Results

The purpose of Chiropractic is to promote natural health. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the chiropractic procedures. The success of chiropractic treatments often depends upon underlying causes and conditions. Sometimes the response is phenomenal. In most cases there is more gradual, but quite satisfactory response. Occasionally, the results are mediocre or dismal. Two or more similar conditions respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, conditions which do not respond to chiropractic care may be treatable through medical science. The fact is the science of chiropractic and medicine may never be so exact as to provide definite answers to many problems. Both have made great strides in alleviating pain and controlling disease.

I hereby acknowledge that I have read the foregoing and understand it completely.

Signature of Patient/Guardian _____

Witness _____ **Date** _____

Notice of Private Practice

We will protect your confidential information and will not share any of your confidential information.

Right to Request Confidential Communication

You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to Vega Chiropractic 1114 W. Jackson St. Ozark, MO 65721 Attn; medical records. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of the HIPAA Notice

You have the right to a paper copy of the HIPAA notice. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at our website, www.vegchiropractic.com To obtain a paper copy of this notice, send a request to Vega Chiropractic 1114 W. Jackson St. Ozark, MO 65721 Attn; medical records.

Changes to this notice

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact (417) 581-1300. You will not be penalized for filing a complaint.

Signature below is only acknowledgement that you have been offered a copy of the Notice of Private Practices.

Print Name _____ Date _____

Signature _____

Verification of Non-Pregnancy

By signing this form, I, _____ do hereby state that, to the best of my knowledge, am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last monthly period

Signature _____

Witness _____

Testimonies Consent Release Form

If given, I hereby grant Vega Chiropractic permission to use my written testimony or writing and any/or all photographs and videos I have submitted to them, or any part thereof, for publication.

Name _____

Signature _____

Patient Intake Form

How did you find out about us? _____

What brings you in today? _____

___ Neck pain ___ R / L Arm ___ R / L Shoulder ___ R / L Hand

travels down the arm: Pain / Numbness / Tingling

___ Sinus/Allergies ___ Headache

___ Mid back pain

___ Low back pain ___ R / L Leg ___ R / L Knee ___ R / L Foot

travels down the leg: Pain / Numbness / Tingling

___ Digestion problems

___ Other _____

Rate your pain 0 1 2 3 4 5 (0=none 5=extreme)

When did this start? _____

Does your pain come and go or is this the first time it's happened? _____

If it comes and goes when did the pain start? _____

for staff use only:

Recommended treatment plan _____

Adjustment Cervical Decompression Lumbar Decompression

Cervical IF Thoracic IF Lumbar IF Other IF _____

Intersegmental Cold Laser Stemwave _____

History Form

Name: _____

Medical Doctor Name _____ Phone Number _____

How is your health? _____

Do you Drink alcohol? Y / N Use tobacco? Y / N Use recreational drugs? Y / N

Have you had any illnesses or injuries in the past? _____

Have you been hospitalized or had any surgeries? _____

List any medications that you are taking? _____

Family History

Please tell us about the health of you parents, siblings and children. Circle or check everything that applies.

If someone is deceased, please check or write in the cause.

	<u>Living</u> Deceased	Heart disease	Stroke	Cancer	Diabetes	Rheumatoid Arthritis	Multiple Sclerosis	Lung Disease	Bone Disease
Paternal Grandfather	L D Cause								
Paternal Grandmother	L D Cause								
Maternal Grandfather	L D Cause								
Maternal Grandmother	L D Cause								
Father	L D Cause								
Mother	L D Cause								
Sibling M F	L D Cause								
Sibling M F	L D Cause								
Sibling M F	L D Cause								

I certify that the information that I have given here is true and accurate to the best of my knowledge.

Signature: _____

Date: _____