

Chiropractic Case History

Name _____ DATE: _____

Phone # (Home) _____ (Cell) _____ SS# _____

Address _____ City _____ Zip _____

Age _____ Birth Date _____ Marital Status: M S W D How many children _____

Occupation _____ Employer _____

Address _____ Office Phone _____

Name of Spouse _____ Occupation _____

Employer _____ Address _____

Nearest Relative _____ Address _____

Referred by _____ Primary Care Physician _____

Is the condition due to an injury arising out of employment? Y N Date happened? _____

Is the condition due to an injury arising out of an auto accident? Y N Date happened? _____

Have you ever had the same or similar condition? Y N If yes, when & describe: _____

Date of last physical exam _____ Purpose of this appointment _____

Other doctors seen for this condition _____

Have you been treated for any health condition by a physician within the last year? Y N

Describe _____

I understand and agree that health and accident insurance policies are an arrangement between my insurance company and myself – not between my insurance company and this office. I authorize this chiropractic clinic to release any medical information and to complete any usual and customary reports and forms at no charge to assist in collecting from my insurance company.

If mine is a regular health insurance case, I agree to pay a percentage of services as they are rendered. However, I understand that I am ultimately responsible for payment in full at this office. I also understand that if I suspend or terminate my schedule of care as determined by my treating physician, any fees for professional services will be immediately due and payable.

Health Insurance? Y N Company _____

Patient's Signature _____ Date _____

Guardian's Signature Authorizing Care _____ Date _____



TENNESSEE SPINE & DISC

854 North Mt. Juliet Road · Mt. Juliet, TN 37122 · Phone: 615-583-5883
www.TennesseeSpineandDisc.com www.middletennessechiropractor.com

DOCTOR-PATIENT RELATIONSHIP INFORMED CONSENT

CHIROPRACTIC

It is important to acknowledge the difference between the health care specialties of chiropractic, osteopathy and medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the chiropractic doctor's procedures often depends on environment, underlying causes and spinal conditions. It is important to understand what to expect from chiropractic health care services.

ANALYSIS

A doctor of chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Complex (VSC). When such vertebral subluxation complexes are found, chiropractic adjustments and ancillary procedures may be given in attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS

Although doctors of chiropractic are experts in chiropractic diagnosis, the vertebral subluxation syndrome and complex, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her symptoms and should secure other opinions if he/she has any concern as to the nature of his/her condition. Your doctor of chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the doctor of chiropractic, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis and analysis. The chiropractic adjustment or other clinical procedure are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities of pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or health care, if he is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the doctor of chiropractic. The patient should look to the correct specialized, non-duplication health service. The doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

RESULTS

The purpose of chiropractic services is to promote natural health through the reduction of vertebral subluxation complex. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the chiropractic procedures. Sometimes the response is phenomenal. In most cases there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, conditions that do not respond to chiropractic care may come under control or be helped through drugs or surgery. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

TO THE PATIENT

I have read and understand the foregoing.

Date

Signature



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CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS
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I acknowledge that Tullahoma Chiropractic Center's "Notice of Privacy Practices" has been provided to me.

I understand that I have a right to review Tullahoma Chiropractic Center's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of my healthcare operations by Tullahoma Chiropractic Center. The Notice of Privacy Practices for Tullahoma Chiropractic Center is also provided upon request at the main administration desk of this practice. This Notice of Privacy Practices also describes my rights and Tullahoma Chiropractic Center's duties with respect to my protected health information.

Tullahoma Chiropractic Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices according to the law. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority

Witness