

Medical History Form
(Formulario de Historia Médica)

Name _____ Date _____
(Nombre del paciente) (Fecha)

Address _____ Date of Birth _____
(Dirección) (Fecha de nacimiento)

City _____ State _____ Zip code _____ SS Number _____
(Ciudad) (Estado) (Codigo Postal) (Seguro Social)

Home Phone _____ Cell Phone _____ Work Phone _____
(Numero de casa) (Numero de Celular) (Numero de Empleo)

Gender M F Married Y N Spouse's Name _____
(Género) (Estatus Martital) (Nombre de Espos/a)

Emergency Contact Name _____ Phone Number _____
(Contacto de Emergencia) (Numero de telefono)

Address _____ City _____ State _____ Zip _____
(Dirección) (Ciudad) (Estado) (CodigoPostal)

Medical Doctor Name _____ Phone Number _____
(Nombre de doctor medico) (Numero de telefono)

Main Problem (Primer Dolor)

What pain causes you to come in to the office? _____
(Qué dolor te hace entrar a la oficina?)

What causes the pain? _____
(Qué causa el dolor)

When did the pain start? _____ how long does pain last? _____
(Cuando comenzó el dolor) (Cuánto tiempo dura el dolor)

How bad is the pain? (Circle the one that applies) Mild, Moderate, Severe, Intolerable
(Qué tan malo es el dolor? (Marque la que aplique) Leve, Moderado, Severo intolerable)

Circle the word or words that best describe the pain. Cramping, Aching, Dull, Sharp, Shooting, Burning
(Circule la palabra o palabras que mejor describen el dolor. Espasmos, dolor continuo, dolor agudo, dolor punzante, ardor.

How often does the pain occur? (Circle the ones that applies) Occasional, Frequent, Constant
(Con qué frecuencia ocurre el dolor? (marque los que se aplica) Ocasional, Constante , Frecuente

Does the pain travel to any other area? _____
(El dolor viaja a cualquier otra area?)

What makes this pain better? _____
(Que hace que se siente mejor?)

What makes pain worse? _____
(Que empeora el dolor?)

Other pain (Otro Dolor) _____

What caused the pain? _____
(Qué causa el dolor)

When did the pain start? _____ how long does pain last? _____
(Cuando comenzó el dolor) (Cuánto tiempo dura el dolor)

How bad is the pain? (Circle the one that applies) Mild, Moderate, Severe, Intolerable
(Qué tan malo es el dolor? (Marque la que aplique) Leve, Moderado, Severo intolerable)

Circle the word or words that best describe the pain. Cramping, Aching, Dull, Sharp, Shooting, Burning
(Circule la palabra o palabras que mejor describen el dolor. Espasmos, dolor continuo, dolor agudo, dolor punzante, ardor.

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(Con qué frecuencia ocurre el dolor? (marque los que se aplica) Ocasional , Constante , Frecuente

Does the pain travel to any other area? _____
(El dolor viaja a cualquier otra area?)

What makes this pain better? _____
(Que hace que se siente mejor?)

What makes pain worse? _____
(Que empeora el dolor?)

Past and Social History (Historia Social)

Are you employed Y N Where _____ how is your health? _____
Have you had injuries (Empleo) (Cómo está su salud)

Do you drink alcohol Y N Use tobacco Y N Use recreational drugs Y N
(Bebe alcohol) (utiliza el tabaco) (Usa drogas recreativas)

Have you had illnesses in the past? _____
(Ha tenido enfermedades en el pasado?)

Have you had any injuries? _____
(Ha tenido lesiones)

Have you been hospitalized / Have you has surgeries? _____
(Ha sido hospitalizado /(Ha tenido cirugías)

List any medications that you are taking
(Haga una lista de los medicamentos que está tomando)

I certify that the information that I have given is true and accurate to the best of my knowledge.
(Yo certifico que la información que he dado es verdadera y correcta a lo mejor de mi conocimiento.)

Sign (Firma)

Date (Fecha)

PRIVACY PRACTICES ACKNOWLEDGEMENT

ACKNOWLEDGMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ **Birth date:** _____

Signature: _____

Date: _____

DOCTOR – PATIENT RELATIONSHIP IN CHIROPRACTIC

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, physical and spinal conditions. It is important to understand what to expect from the 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 Syndrome (VSS) or Vertebral Subluxation Complexes (VSC). When such VSS and VSC complexes are, chiropractic adjustments and ancillary procedures may be given in an 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 chiropractor diagnosis, the VSS and VSC, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as to the nature of his/her total 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 patient's condition will be discussed in a private room. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. The patient will be treated in a community room. In rare cases, underlying physical defects. Deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or health care, if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known or learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would be otherwise not come to the attention of the doctor of chiropractic. The patient should look to the correct specialist, non-duplicating 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 the VSS or VSC. 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, we must admit that conditions which do not respond to chiropractic care may come under the control or be helped through medical science. 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

Please discuss any questions or problems with the doctor before signing this statement of policy.

I have read, and understand the foregoing.

DATE

SIGNATURE

If you are using health insurance,
Please read the following:

Understanding *deductibles*, *coinsurance* and *copay*, and how they work together.

Deductibles, coinsurance and copays are all amounts you may have to pay, depending on your particular health plan.

Deductible

- A deductible is the amount you must pay out of your own pocket for health care services **before** your health insurance begins to pay for services. Deductibles are reset every year.

For example, if your deductible is \$1,500, you pay 100% of any health care fees until the total amount you have paid reaches \$1,500. Once your deductible has been reached, your health insurance will begin to pay for those services covered in your plan. At this point, you will likely only need to pay the copay or coinsurance stated in your particular plan.

Coinsurance

- Coinsurance is your share of the costs of a health care service. It is usually figured as a percentage of the total charges for services. You start paying coinsurance after you have paid your plan's deductible for the year. Coinsurances are not paid at the time of service; you will receive a bill in the mail.

For example, if you've already paid out (or "met") your \$1,500 deductible, and your coinsurance is 80/20 percent, then for a \$100 health care bill, you will receive a bill for \$20, while your insurance company pays the remaining \$80.

Copay

- Copay is a fixed amount you pay for health care services. This amount is determined by your individual insurance plan. Copays are paid at the time of service.

For example, a doctor's office visit might have a copay of \$30. However, keep in mind that plans include "allowed amounts," and you may also have to later pay *coinsurance*, even after you have paid your copay.

Deductibles, copays, coinsurance and allowed amounts are all set by your insurance plan. We are happy to help you further understand your responsibilities, but please keep in mind we cannot change the terms set by your insurance plan.

After you have read the information please sign below.

Signature

Date

INSURANCE INFORMATION

Patient Last Name

First Name

Middle

First you should check with your insurer before you get any planned treatment. You'll want to check whether the doctor you are using is in your insurer's network, since you will likely pay more if you get out-of-network care (or, in some cases, you can't use such medical providers at all). If you are insured, your itemized bill has no relationship whatsoever to what you or your insurer will actually be paying. Often, this contracted rate isn't tied to the so-called "gross charges" but instead is based on a daily fee or some other structure.

After medical treatment, you should expect to have to pay out-of-pocket any co-payment or co-insurance fee, and any deductible that your plan requires. If you get a bill for preventative services you thought was free, start by checking the explanation of benefits sent to you by your insurer. Then call the health plan to learn more about why the work wasn't fully covered.

INSURANCE We need a copy of your card(s) for our records.

Insurance Company _____ Phone # () _____

Insured's Name _____ ID/Policy # _____

Insurance Company _____ Phone # () _____

Insured's Name _____ ID/Policy # _____

Insurance Company _____ Phone # () _____

Insured's Name _____ ID/Policy # _____

RESPONSIBLE PARTY Complete this section if you are not the patient but are responsible for the bill.

Responsible Party _____

Relationship to Patient _____ SS# _____

Home Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Employer Name _____ Occupation _____

MY AUTHORIZATION

I authorize the release of any medical or other information necessary to process my claims. I also request payment of government or private benefits either to myself or to the party who accepts assignment. This is a permanent authorization that I may revoke at any time by written notice.

x _____
Signature of patient or person acting on patient's behalf

Date

MY FINANCIAL RESPONSIBILITY

I certify that the above information is correct. I understand that I am personally financially responsible for all services not paid for by my insurance. I am also responsible for any annual deductibles applicable, copayments, or non-covered services as may be required by my insurance plan.

x _____
Signature of patient or person acting on patient's behalf

Date