

# **CHIROPRACTIC INTAKE & HISTORY**

Patient Name				Employer / School					
				Occupation					
Address FIRST NAME MIDDLE INITIAL			DLE INITIAL	Spouse's Name					
CityZipcode				Spouse's Employer					
Name Prefer:				Spouse's Occupation					
Cell Phone				IN CASE OF EMERGENCY,	, CONTACT				
Email				Name					
Sex □ M □ F	- Age	Birthday		Relationship					
☐ Married	☐ Widowed	☐ Single	☐ Minor	Contact Number					
☐ Separated	☐ Divorced	☐ Partnered		Who may we thank for refe	erring you?				
If you are already ex									
If you are already ex How bad is it? How	xperiencing a syr	nptom, what is it?	cle) 0 1			9 10 INTENSE SYMPTOMS			
If you are already ex How bad is it? How Please circle areas	xperiencing a syr	mptom, what is it? rsymptoms? (circ	cle) 0 1			INTENSE			
If you are already ex How bad is it? How Please circle areas What does it feel li	xperiencing a syr	nptom, what is it? r symptoms? (circ re you have pain or re appropriate)	cle) 0 1			INTENSE			
If you are already extended the second of th	xperiencing a syr	mptom, what is it? r symptoms? (circ re you have pain o re appropriate)	cle) 0 1	2 3 4 5	678	INTENSE			
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#### No Mild Moderate Severe No Mild Moderate Severe Effect Effect Effect Effect Effect Effect Effect Effect Work Energy Exercise Attitude Recreation Patience Relationships Productivity Creativity Sleep Self-Care Other 10 How committed are you to correcting this issue? VERY NOT COMMITED COMMITED

	ILL	NESS-W	ELLNES	SCON	TINUU	M			
			COMF	ORT					
MATURE	Disease Devel	loping ——	ZONE (FALSE WELLNESS)		<ul> <li>Wellness Developing</li> </ul>		ing —	HIGH-LEVEL WELLNESS	
DEATH 0	1 2	3	4 5	6	7	8	9	10	
					-				
DISEASE  Multiple medications Poor quality of life Potential becomes limited Body has limited function	POOR H Symp Drugth Surg Losing norm	toms nerapy gery	NEUTR No symp Nutrition inco Exercise sp Health not a hi	toms onsistent ooradic	Reg Go Welli	OD HEALTH gular exercise bod nutrition ness education nerve interfere	nce	OPTIMAL HEALTH 100% function Continuous development Active participation Wellness lifestyle	
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### **CONSENT AGREEMENT**

## **Patient Consent to X-Ray**

I authorize the performance of x-ray examination, which Courtley Chiropractic may consider necessary or advisable in the course of my examination and treatment.

# X-Ray Consent for Women of Childbearing Age

This is to certify that, to the best of my knowledge, I am not pregnant, and that Courtley Chiropractic has my permission to perform diagnostic x-ray examination. I have been advised that certain x-ray examinations, particularly those involving the pelvis, can be hazardous to an unborn child.

#### **Patient HIPAA Consent Form**

Protecting your privacy is important to us. Disclosure of your protected health information without authorization is limited to situations that include emergency care and law enforcement. Any other disclosures would be made only after obtaining your consent. You may request a copy of your records and they will be given to you within 30 days. In the future, we may contact you for appointment reminders, announcements, and to inform you about our practice and its staff.

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to: conduct, plan, and direct my treatment and follow up with multiple healthcare providers who may be involved in that treatment directly or indirectly, obtain payment from third party payers, and conduct normal healthcare operations such as quality assessments and physician's certificates. I have read and understand your Notice of Privacy Practices. I also understand that I can request in writing that you restrict how my personal information is used and disclosed.

#### **Patient Good Faith Estimate**

Standard fees for an initial visit in our office may total up to \$199. I clearly understand and agree that I am personally responsible for payment of all fees charged by this office.

Please send completed form to <a href="mailto:info@courtleychiropractic.com">info@courtleychiropractic.com</a> or turn in at the desk when you arrive for your appointment.

We are here to serve you and encourage you to ask questions during your visit with us today - We are glad you are here!

Sign:	Date:
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