



**Joe Family Chiropractic Office**  
**Terms of Care**  
Dr. Kevin Joe, D.C.

**Welcome to Joe Family Chiropractic Office**

Thank you for choosing our office. We are committed to providing you with the highest quality of chiropractic care available so that you heal quickly and enjoy an active, healthy, long life. At this point you should have been able to view the office's video orientation. Your questions will be answered, during your Chiropractic Report.

**Terms of Care**

When a person seeks chiropractic health care and we accept a patient for such care, it is important for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

**Health:** A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat that. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom.

Our only method is specific adjusting to correct vertebral subluxations.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I have viewed the office's video orientation. I accept chiropractic care on this basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Joe Family Chiropractic Office Fee Schedule

Dr. Kevin Joe, D.C.

<u>Service</u>	<u>Fee</u>
Initial Exam & Report	\$80-\$300, individual    \$110-\$300, family
X-Rays	(per view) at Imaging Ctrs. of Anaheim
Re-Exam	\$60
Adjustment	\$30 (5 min's), \$45 (10 min's), \$60 (\$15 min's)

The office accepts exact cash (the office does not carry cash change) or a check.  
The office does not accept credit cards. The office does accept paypal(R), venmo(R), and Zelle(R).

### Financial Arrangements and psustaing care active life plans

You will be expected to pay for your chiropractic care at the time the service is rendered unless you arrange a care plan in advance. Office care plans are designed to be the most cost effective way to keep you and your family as healthy. Details of these plans will be discussed with you during your chiropractic report. Please choose one of the following documentation options:

**Insurance:** If you have insurance that covers chiropractic and would want to send billings to them, please let us know and we will give you the information you need to be reimbursed. We will send you receipts at the end of your first visit and then once a month . If you send your receipts with a copy of your claim form to your insurance company, they will communicate with you about your reimbursement. Your agreement with your insurance company is between you and them. Please note that many insurance policies may not reimburse for anything other than the disability phase of your care. Joe Family Chiropractic is not enrolled in Medicare.

**No Insurance:** If you do not have insurance, choose not to use your health insurance or are participating in a psustaining care active life plan, you may request a receipt for tax purposes or for a Health Savings Account(HSA) indicating the total amount you have paid for chiropractic care during the year. There is no insurance documentation given with these receipts.

If an auto accident or a worker's compensation injury happens, a new examination will need to be performed and you will be charged our regular fees until the claim is settled.

I, (name) \_\_\_\_\_ have read and I understand the above policies.  
I have initialed the option that applies to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## psustaining care active life plan Information Sheet



### psustaining care plans

**Psustaining care plans** can help your body function properly during a disability and over time. To sustain ability over time we would recommend chiropractic over the course of your lifetime with a **psustaining care active life plan**. Such a plan can be looked at one year at a time.

#### 1. disability

This plan is for a loss of ability, diminished activity, strained anatomy or dis-ease. This would begin with frequent visits over approximately 2 weeks to 3 months of time duration. Re-Exams are performed every 12 visits to determine how your body is optimizing.

#### 2. pstability

Once your spine and nerve system are stabilized your visit frequency will be reduced and extended over a longer period of time so that your spine, nerve system and body can begin to regenerate properly with the nerve system tracing in a healthy way. The "disability" and "pstability" can be bundled together in a budgeted year-long "psustaining care active life plan".

#### 3. psustaining care active life plan (pscalp)

If you have already completed a care plan with our office or with another chiropractor, or if you are very healthy then you can start on a psustaining care active life plan. The frequency of your **pscalp** will vary based on the stressors interfering with your function. People wanting to live an active, healthy, well, preventing disabilities, & sustaining activities will want to consider a psustaining care active life plan.

Family Plans are also available.

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Signature

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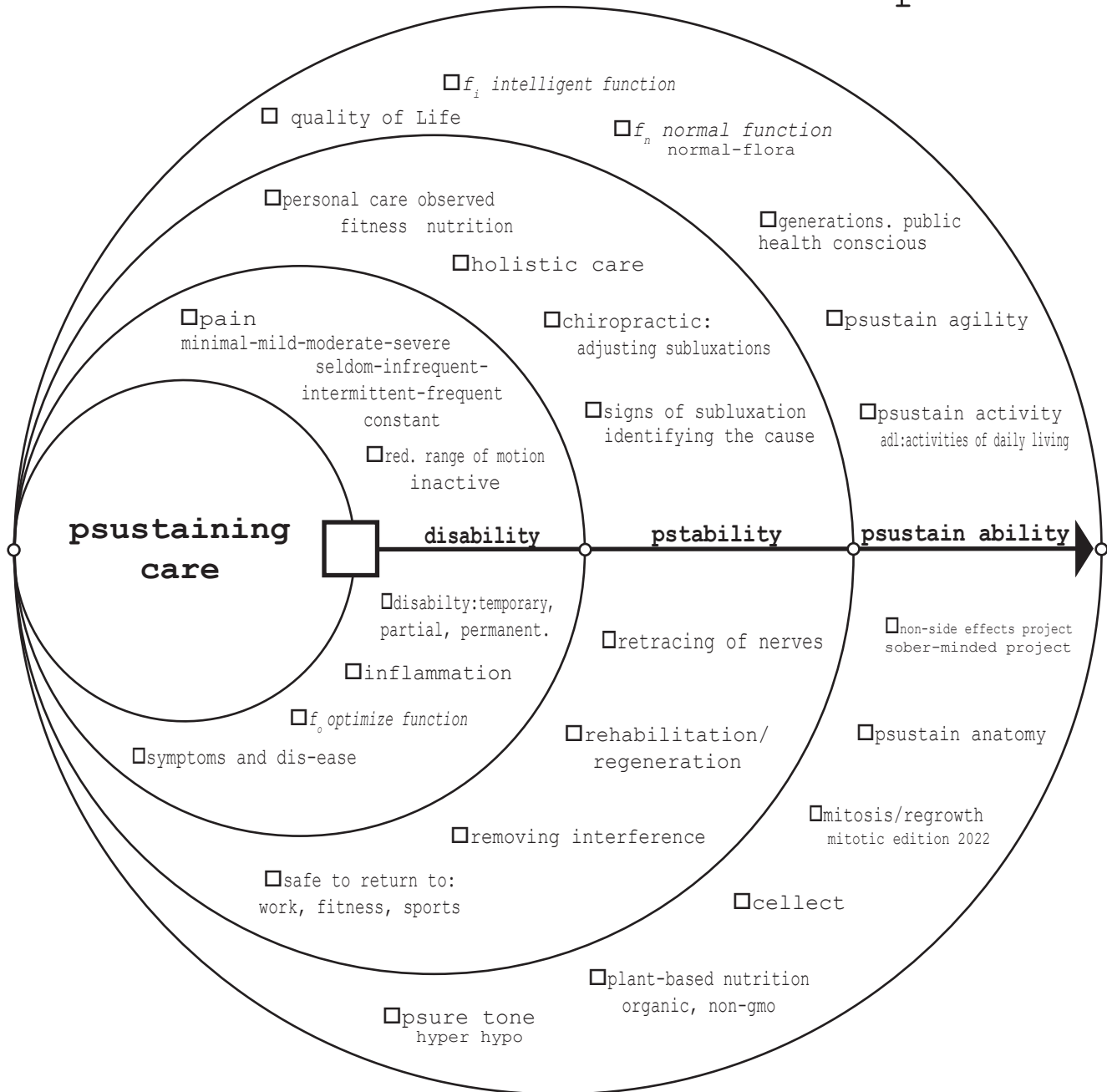
Date

**Dr. Kevin Joe, DC. 1370 Brea Blvd., Suite 120. Fullerton, California. 92835. USA**

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# psustaining care model

© organic options



...for we do not present our supplications before thee for our righteousnesses, but for thy great mercies. Daniel 9:18

Cast your burden onto the Lord...& He will sustain you: he shall never suffer the righteous to be moved. Ps 55:22

...circumspectly... redeeming the time... Eph 5:15&16

sustain ability with psustaining care  
Ask for a psustaining care active life plan for You and Your Family Today

sustain everyone's ability long-term  
together everyone's adjustments matter

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# Health History



## Member Information- Please Print

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Postal Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Family Doctor: \_\_\_\_\_

Activities/Work: \_\_\_\_\_ Sports: \_\_\_\_\_

QR Code to Watch Office Introductory Health Talk Video:



## About Your Health

Before spending any of your valuable time filling out paper work or spending money, the office recommends that you view the [office health talk...](#) So, in review, the body has an incredible ability to heal, that is what we try to make more bold, more bright, more brilliant via the spine and nervous system. Throughout life, stressors can misalign/splint (subluxate) the spine and if uncorrected the spine can heal and grow improperly. Any of that causes the nerve system to malfunction. If left that way over time that can effect the whole body. This case history will uncover layers of stress to your spine and nerve system to better understand your current level of health. Degrees of Results from your care vary upon the following:

1. What was the trauma(s)/stressors causing the subluxation in the first place: birth, falls, car accident, tree falls, bike falls, learning to walk, chemical stress, or mental stress?
2. Time: How long has the subluxation been there?
3. Has the person been covering up the symptom with aspirin, exercise, prescription drugs, or illegal drugs?

The weight of a dime on a nerve can significantly decrease the function on a nerve, Nerve Pressure can exist without pain, In two weeks time the spine can heal improperly effecting the function of the nerve system and the function of the body. Turn on the light today with this survey!

## Spinal Stress & Nerve Stress History

### Physical-Chemical-Mental Stressors (circle or list)

#### Birth Process

Was the delivery: long/difficult forceps cesarian

#### Growth and Development (Childhood & Adolescence)

- Childhood sicknesses: tonsils, ear infection, frequent flu, bronchitis/pneumonia, intestinal flu, headaches, other: \_\_\_\_\_
- Operations or Surgeries (list): \_\_\_\_\_
- Medication (list): \_\_\_\_\_
- Fall: bed/crib; while learning to walk; accidentally dropped; bicycle; skateboard; cheerleader, roller skate, bowling. other: \_\_\_\_\_
- Sports/Activities(list): \_\_\_\_\_
- Accidents(year): \_\_\_\_\_
- Forward Head Bending: studious/challenging in grade school, college; heavy backpack; purse
- Electromagnetic Force frequent exposure from television/computer screen/cell phone/electrical lines
- Fractured bones- need to wear a cast  Did this affect your ability to walk or move your arm, shoulder, and neck? Y N
- Supportive bed for sleep  Supportive pillow for sleep  Sleeping posture, face down often
- Good posture when sitting and standing
- Has anyone shared with you the importance of a healthy spine and nerve system for a body to be functioning well-chemically, genetically and physiologically for every age and stage of life to you or your family?

#### Adulthood

- Surgery/Operation/Hospitalization (list): \_\_\_\_\_
- Exercise regularly (list): \_\_\_\_\_
- Steady intense desk work for long periods of time or ositting for long periods of time for crafts/activities
- Standing for long periods of time
- Wear a collared shirt and tie often  Wear tall healed shoes often
- Atmospheric Pressure: work in a tall building; frequently fly in an airplane
- Electromagnetic Force: frequent exposure to television/computer screen/cell phone/electrical power lines
- Chemical: exposure to strong chemicals/smoke, smog at work, home, on the road; use of sunscreen, hairspray, underarm deoderant drink bottled water/filtered water
- Sports injuries or work injuries:
- Auto accidents (year): \_\_\_\_\_
- Fractured bones- need to wear a cast  Did this affect your ability to walk or move your arm, shoulder, and neck? Y N
- Supportive bed for sleep  Supportive pillow for sleep  Sleeping posture, face down often
- Good posture when sitting and standing
- Has anyone shared with you the importance of a healthy spine and nerve system for a body to be functioning well-chemically, genetically and physiologically for every age and stage of life to you or your family?

**Family Spinal/Nerve Health History-** looking at your health co-laterally

**Active/Medication/Surgeries**

*In addition to genetics, we inherit "Personal Care" & "Holistic Care" from family*

Dad: good spinal health; good posture; good health	Y N _____
Granddad: good spinal health; good posture; good health	Y N _____
Grandmom: good spinal health; good posture; good health	Y N _____
Mom: good spinal health; good posture; good health	Y N _____
Granddad: good spinal health; good posture; good health	Y N _____
Grandmom: good spinal health; good posture; good health	Y N _____
Brother: good spinal health; good posture; good health	Y N _____
Sister: good spinal health; good posture; good health	Y N _____
Child: good spinal health; good posture; good health	Y N _____
Spouse: good spinal health; good posture; good health	Y N _____

**Symptoms & Current State of Health**

*Symptoms and Dis-Ease are results and causes of nerve system interference involving spinal subluxations*

**Current concern (Major):**

**The beginning of this started:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Is this affecting your work or fun time?:** Y N

**Helpful/relieving factors:**

**Unhelpfu/disturbing factors:**

**Pains are:** sharp dull ache constant off & on other(s): Is condition interfering with your sleep? Y N

**Symptoms, Signs, & Disease (Please Circle):**

numbness, tingling, burning, weakness none of these  
 headaches, dizziness, ringing in the ears, visual problems, difficulty swallowing, left-sided chest pain none of these  
 gastro-intestinal problems urinary problems menstrual problems  
 energy level effected  
 allergies: non sinus animals fur phenylalanine cheese other: \_\_\_\_\_  
 skin problems autoimmune disease  
 cancer  
 endocrine disease: diabetes thyroid parathyroid other: \_\_\_\_\_  
 blood-related problems  
 other: \_\_\_\_\_

**Care Team:**

**"Personal Care"**: care that you can do for yourself to take care of yourself- brushing, flossing your teeth, water exercise, stretching, gym, massage chair, yoga, meditation, water filtration, ergonomics, traction, fitness center, organic, wardrobe, sunlight, continuing education, fresh air and water, gymnastic exercise ball

**"Holistic Care"**: procedures that you can not do for yourself yet are very important to keep yourself healthy

D.C.: \_\_\_\_\_ Town: \_\_\_\_\_ Recent X-Ray: N (Y) > bring to office Yr. \_\_\_\_  
 -Technique: \_\_\_\_\_ Focus: Short-term care: Wellness: Family Wellness Care Plan  
 -what worked and what did not work? \_\_\_\_\_  
 -Nutritionist, Acupuncturist, Massage Practitioner, Fitness Trainer  
 MD: \_\_\_\_\_ Town: \_\_\_\_\_ Recent X-Ray: N (Y) > bring to office Yr. \_\_\_\_  
 -early detection testing: \_\_\_\_\_

**"Medical Care"**: Medications:

Surgeries: \_\_\_\_\_ Procedures

**What are activities or function in your life where you would like to see improvement?**

**How may we serve you?**

Upon completion of one of your first two adjustments you will receive a **psustaining care plan** Information Sheet. These Plans are designed to help you feel better quickly and to help you and your family be as healthy as possible. Please review the psustaining care plan Information Sheet prior to your report so that you can choose the level of participation that supports you best. As a result of my chiropractic care, I'd like to:

- \_\_\_ feel better quickly
- \_\_\_ grow a healthier body
- \_\_\_ sustain ability for myself and my family

**Parent's Authorization for Minor to Receive Chiropractic Care**

I give authorization for my son/daughter:

\_\_\_\_\_ to receive chiropractic care at Joe Family Chiropractic Office.

\_\_\_\_\_  
Signature