

Welcome to Joe 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 therefore accept chiropractic care on this basis.

(signature)

(date)

Member Information- Please Print

Today's Date: _____/_____/_____

Name: _____

Home Phone Number:(_____) _____ Work Phone Number: (_____) _____

Postal Address: _____ Town: _____ ZipCode: _____

Date of Birth: _____/_____/_____ Family Doctor: _____

Activities/Work: _____ Sports: _____

e-address: _____



About Your Health

The body has an incredible ability to heal itself, 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 wrong and grow incorrectly. Any of that causes the nerve system to malfunction. If left that way over time that can affect 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 go through degenerative changes. 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 Cesarean

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): Auto- Fractured bones- need to wear a cast

Forward Head Bending: studious/challenging in grade school, college; heavy backpack; purse

Electromagnetic Force frequent exposure from television/computer screen/cell phone/electrical lines

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 pillowfor 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

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

Active/Medication/Surgeries

In addition to genetics, we inherit "Personal Field Care" "Holistic Care" & "Medical Care" Patterns 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 NA _____
Sister: good spinal health; good posture; good health	Y N NA _____
Kid: good spinal health; good posture; good health	Y N NA _____
Spouse: good spinal health; good posture; good health	Y N NA _____

Symptoms & Current State of Ill Health

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

Current concern (Major): _____ Sustainable Health Plan

The beginning of this started: ____/____/____ For Self For Family

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

Helpful/relieving factors: _____

Unhelpful/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 affected
- allergies: none sinus animals fur phenylalanine cheese other: _____
- skin problems
- autoimmune disease
- cancer
- endocrine disease: diabetes thyroid parathyroid other: _____
- blood-related problems
- other: _____

Health Care Team:

"Personal Field 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

•DC: _____ Town: _____ Recent X-Ray: N (Y)--> bring to office Yr. _____

-Technique: _____ Focus: Short-term care; Active Living Plan; Family Wellness Adj Plan

-what worked & didn't work? _____

•Nutritionist, Acupuncturist, Massage Practitioner, Ayurvedic, Personal Trainer

•MD: _____ Town: _____ Recent X-Ray: N (Y)--> bring to office Yr. _____

+early detection testing: _____

"Medical Care": care and procedures for a crisis often times requiring drugs &/or surgery

•MD: _____ Town: _____ Recent X-Ray: N (Y)--> bring to office Yr. _____

What are activities or function in your life that you would like to see improvement:

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

Joe Family Chiropractic Office Fee Schedule and Financial Policy

Service

Fees

Initial Exam & Report	\$300, individual \$500, 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.

Financial Arrangements and WIN Plan

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 as possible. Details of these plans will be discussed with you during your Chiropractic Report. Please choose one of the following documentation options:

1. Insurance: If you have insurance that covers chiropractic 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 Initial Optimization phase of your care.

2. No Insurance: If you do not have insurance, choose not to use your health insurance or are participating in a WIN (Sustaining Care) 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