FALL CHIROPRACTIC INTAKE FORM

Complete one set of forms per family member for the whole household.

Date_____Home Phone_____Cell Phone_____

Email_____ I accept ☐ texts/e-newsletters w/ office announcements/closures.

Last Name_____First Name_____ Middle Initial_____

Street Address_____

City_____State_____Zip_____

Sex ☐ Male ☐ Female Age_____ Birth Date_____Occupation_____

Are you: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Who referred you to this office? _____

If needing to communicate your information, whom can we contact? _____

T-shirt Size (while supplies last): ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

An added form is needed to decline payment from Medicare. Do you have Medicare? ☐ **Yes** ☐ **No**

PARENTAL CONSENT TO EVALUATE AND TREAT A MINOR

I _____, being the parent/legal guardian of _____ hereby grant permission for my child to receive chiropractic care.

Witness:_____

INFORMED CONSENT TO INITIATE CARE

At our office, we have one simple goal--we want to render the highest quality Chiropractic care at the lowest possible fee. In order to accomplish this goal, we have altered some of our business procedures to keep our fees reduced. Please read over these procedures below to understand how our office functions, and to decide if you wish to participate. If you have any questions, please direct them to the receptionist.

- You may choose to submit receipts to your insurance company or other third-party health care programs, but payment for such services by insurance companies is neither implied nor agreed to by this office. We take *no responsibility* for non-payment by insurance companies for services rendered at our office.
- Our office will not respond to any requests for paperwork for insurance purposes or even acknowledge insurance requests for information on any member's case, However, members may have a copy of their records at any time they request.
- No balances can be run by members at any time, and all visits/services are paid immediately prior to the service being rendered.
- Our office reserves the right to deny services to anyone for any reason at any time..
- It is understood the doctor will use his/her hands or a mechanical device in order to move your vertebral joints for the express purpose of reducing neural interference. Risks of complications due to chiropractic treatment have been described as "rare", about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, less than that associated with a visit to a medical office. Over the counter analgesics, medical care, hospitalization, and surgery all carry their risks. Delay of chiropractic treatment carries consequences: allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic issues.

I wish to initiate care at this office. I have read and understand the Informed Consent to Initiate Care and agree to all terms. I understand that I am under no obligation to receive or continue care.

Print name:_____Signature:_____Today's Date:_____

PAST (AND FUTURE) STORY

Name:_____Date:_____

When vertebral malpositions are corrected, neuro-spinal interference is always reduced. However we don't control what your body does w/ the added nerve signal. What is one life deficit you would like for your own body to improve?

_____

_____

What other problem(s) would you like to see improve?

_____

_____

The body, like all biological organisms, has limits of matter. However with time, it is amazing what your body can do. Time is necessary for brain and body breakdown. What's the earliest occurrence of your difficulties you can remember?

_____

_____

Many mistakenly come to us with tissue damage (ie disc lesions). Chiropractors cannot repair/heal any tissue damage. However you are still advised to remove neural interference. Therefore we often have to work around any tissue inflammation. Do you ever have spinal pains, numbness, tingling or pain in the arms or legs?
☐ **Yes** ☐ **No.** Please describe:

_____

*_*Any of the following may impact the rate with which a vertebral bone displaces_:*

*Please list any other doctors:_____

*List medications you are currently taking:_____

*Please list any surgeries you have had:_____

*Please list any current medical conditions:_____

*Please indicate family history of: ☐ **Heart Disease** ☐ **Diabetes** ☐ **Arthritis** ☐ **Cancer** ☐ **Back Problems**
☐ **Other:**_____

*Name of previous chiropractor(s)?_____

*We do not offer relief care or therapeutic chiropractic. We offer regular wellness checks for decreased neural interference. How committed are you to living neural interference-free?
☐ **Not committed** ☐ **Somewhat committed** ☐ **Very committed**

*What activities or hobbies have you been unable to do that you would like to do?_____

*What is your ideal picture of your future life potential? _____

_____

PURPOSE OF AN ADJUSTMENT DISCLOSURE

By signing below, I acknowledge that I am aware that Fall Chiropractic and Dr. Bryan Fall do **not** provide care for **work-related injuries, automobile accident injuries, or personal injuries**. I also acknowledge that I must inform this office if I am in an automobile or work-related injury and must seek care at my medical doctor's office or another healthcare provider for injuries or conditions sustained. I also am completely aware that Fall Chiropractic and Dr. Bryan Fall will not bill, submit claims, nor prepare or submit reports for any automobile, personal or work-related injury. I also understand that I am responsible to pay each visit myself at the time of service.

Further I understand that chiropractic care is given to correct displacements of bones of the spine called vertebral malpositions (VM's) aka vertebral subluxation. One of the benefits of a chiropractic adjustment is that you may feel better but this is not the objective of an adjustment. The goal of an adjustment is to correct a VM, thereby removing the interference to the nervous system allowing the body to heal itself. As a result, **we do not treat pain, injury, disease or symptoms. Instead we remove malpositions so that the member life and vitality potential is optimal.**

I understand that Dr. Fall is a "non-therapeutic" chiropractor and provides "objective straight" chiropractic, offering routine VM location and correction only. Practice members must not delay to seek appropriate medical personnel for any and all referrals and/or medical treatment of any symptoms or medical conditions.

We teach vitalistic principles of life and wellness that puts our practice members firmly in control of their own bodies. We teach what scientists call "cellular" or "innate" intelligence--the principle of order that shows a tendency for the body to express self-ordering homeostasis. Additionally, this does not absolve the member of the responsibility to assess their own need for or to concurrently seek out appropriate medical care from their regular primary care medical physician.

PRIVACY ACKNOWLEDGEMENT

I understand that Fall Chiropractic will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I have read and fully understand the above statements.

Print name:_____Signature:_____Today's Date:_____