ABOUT THE PATIENT

614 CHIROPRACTIC
HEALTH • INJURY CARE

Name _____ Today's Date_____ Birthdate _____ Age_____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Marital Status: _____Gender ❑ M ❑ F Significant Other's Name _____

Have you been to a chiropractor before? ❑ No ❑ Yes When was your last Chiropractic Appointment? _____

Your Employer _____ Type of Work _____

E-Mail Address _____ Who Referred you to us?_____

Emergency Contact _____ Ph # _____

Name of Medical Doctor(s)_____

- I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child.
- I authorize 614 Chiropractic to release and / or request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient?_____
- I understand that after any initial promotional services all care is rendered at usual and customary fees.
- Understand that your health information is protected by the Health Insurance Portability and Accountability Act of 1996. If you have any questions, please talk to the front desk.
- For my balance my preferred payment method is: ❑ Cash ❑ Check ❑ Credit Card ❑ Car/Work Ins.

_____ _____

Patient / Parent Signature (This represents a long term authorization for all occasions of service) Date

REASON FOR SEEKING CARE

PRESENT COMPLAINTS

1. _____ How long has this been an issue? _____

Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to_____

2. _____ How long has this been an issue? _____

Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to_____

3. _____ How long has this been an issue? _____

Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to_____

4. _____ How long has this been an issue? _____

Is it: ❑ Dull ❑ Sharp ❑ Ache ❑ Numb / Tingle ❑ Stabbing ❑ Constant ❑ Occasional ❑ Staying the same ❑ Getting worse ❑ Mild ❑ Moderate ❑ Severe ❑ Worse in the morning ❑ Worse in evening ❑ Pain radiates to_____

5. Does your condition affect: ❑ Sleep ❑ Work ❑ Daily Routine ❑ Sitting ❑ Driving

6. What makes it better?_____

7. What makes it worse? _____

8. What Doctor's have you seen for this?_____

_____

9. Type of treatment:_____

10. Results: _____

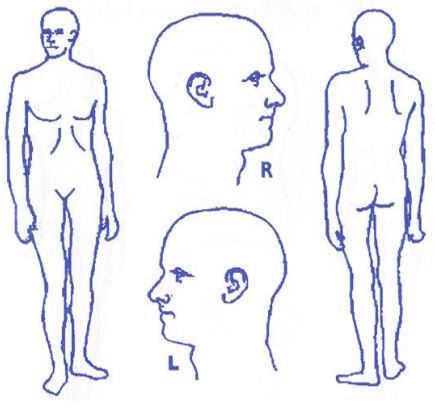
NOTES: _____

_____

_____

Are you pregnant?
❑ Yes ❑ No
How far along? _____
Due Date: _____

Please mark all areas of concern.



GENERAL HEALTH HISTORY

Patient Name_____ *Mark the conditions that apply to you.*

Past	Present		Past	Present	
❑	❑	Headaches	❑	❑	Urinary Problems
❑	❑	Migraines	❑	❑	Easy Bruising
❑	❑	Shortness of Breath	❑	❑	Tobacco Use
❑	❑	Allergies / Asthma	❑	❑	Dental Problems
❑	❑	Medication Side Effects	❑	❑	Fibromyalgia
❑	❑	Diabetes	❑	❑	Blood Thinner use
❑	❑	Hands or Feet cold	❑	❑	HIV Positive
❑	❑	Muscle aches	❑	❑	Cancer
❑	❑	Trouble Walking	❑	❑	Depression
❑	❑	Leg / Foot Numbness	❑	❑	Alcohol Use
❑	❑	Fainting	❑	❑	___High or ___Low Blood Pressure
❑	❑	Gall Bladder Trouble	❑	❑	Stroke History
❑	❑	Ringing in Ears	❑	❑	High Cholesterol
❑	❑	Ear Problems	❑	❑	TMJ
❑	❑	Sleeping Problems	❑	❑	Digestive Problems
❑	❑	Vision Problems	❑	❑	Pain all Over
❑	❑	Thyroid Problems	❑	❑	Tension / Irritability
❑	❑	Liver Disease	❑	❑	Chest Pains
❑	❑	Kidney Problems	❑	❑	Heart Pacemaker
❑	❑	Light Bothers Eyes	❑	❑	Heart Problems
❑	❑	Other _____			

1. **List any medications you are taking:**_____

_____

2. **Please list all doctors you are currently seeing:** _____

_____

3. **Has any Doctor or other professional advised you to "Go to a Chiropractor ":** ❑ No ❑ Yes, Name_____

_____

_____

PAST HISTORY

4. **List any past auto collisions:**_____ **Was any care received?**_____
5. **List any past work injuries:** _____ **Was any care received?**_____
6. **List any past sport, recreational, or home injuries**_____
7. **Please describe any past conditions and treatment received:** _____

_____

8. **Please list any past hospitalizations and surgeries:** _____

_____

FAMILY HISTORY

Father's side: □ Heart Disease □ Cancer □ Diabetes □ Heavy Medication use □ Arthritis □ Other_____

Mother's side: □ Heart Disease □ Cancer □ Diabetes □ Heavy Medication use □ Arthritis □ Other_____

Is there any other family history you want us to know?_____

INFORMED CONSENT

To the patient (or the patient named below, whom I am legally responsible): Please read this entire form thoroughly before signing and dating. If you are unclear or have any questions about this form and its content, please ask immediately.

Chiropractic Adjustments:

The primary method of care provided by Dr. Nicholas Esser is known as chiropractic adjustments. These are highly specific intentional movements of subluxated vertebrae throughout the spinal column and bones of extremities found to cause neurological interference. These adjustments help to optimize health by facilitating neurological and biomechanical integrity, which allows maximum expression of the body's innate recuperative abilities.

Analysis/ Examination/ Treatment:

A complete case history will be performed allowing the Dr. to generate the most specific diagnosis and care plan for you. A thorough physical examination will be performed which may include vital signs, postural analysis, palpation, EMG, range of motion, muscle testing, orthopedic and neurological tests. The use of X-ray imaging may be used to determine underlying risk factors that cannot be accurately assessed during the physical examination process. Treatments may also include soft tissue and muscular therapies. Mechanical traction, neuromuscular rehabilitation techniques, nutritional, dietary and exercise counseling along with recommended homecare may also be utilized. Additional referrals to proper healthcare professionals for co-management of your case may be made.

Potential Benefits of Chiropractic Care:

The vast majority of chiropractic patients tend to achieve good to excellent improvement in their physical conditions and overall level of wellness. Regular chiropractic care can decrease symptoms of neuromusculoskeletal pain, headaches, stiffness, progression of degenerative conditions and many more. Chiropractic care can improve joint function, range of motion, flexibility, strength, posture, athletic performance and a wide array of other benefits that are all achieved through natural care. Each patient's case is unique and not all patients benefit from care equally. No guarantees are made that any specific condition, symptom or health concern may respond to chiropractic care.

Material Risks Inherent with Chiropractic Care:

As with any healthcare procedure, there are certain complications that may arise when chiropractic adjustments and other care procedures are performed. These complications include but are not limited to: fractures, muscle strain, ligamentous sprains, stroke and radiation exposure. Some patients will experience normal discomfort and soreness following initial treatments. Every reasonable effort will be made during your examination to screen for contraindications for care; however, if you have a condition that would otherwise not come to the attention of the Dr., it is your responsibility to inform.

Probability of Risks Occurring:

Fractures are rare occurrences and are generally a result from underlying weakness of the bone as in patients with osteoporosis. Your case history, examination and X-rays will be utilized to help eliminate the possible risk for fracture. Incidences of stroke are exceedingly rare. The general population has a

stroke occurrence of 1 in 133,000 (not related to chiropractic care). An occurrence with chiropractic cervical adjustments is between one and one million and one in five million. Further complications listed are described as rare.

Risks of not Obtaining Chiropractic Care:

- Prolonged reoccurring pain, discomfort and symptoms
- Scar tissue deposition and adhesions
- Degenerative spinal conditions such as Degenerative Disc or Joint Disease
- Reduced/limited mobility and flexibility
- Delayed and reduced healing response if care is postponed
- More costly and timely care of worsened conditions

Alternative Treatment to Chiropractic Care:

Other treatment options for your condition may include:

- Rest
- Self administered OTC analgesics
- Physical Therapy
- Medical care and prescription drugs such as anti-inflammatories, muscle relaxants, pain-killers and needle injections
- Hospitalization
- Surgery

Social Media and text reminders:

I consent to having my pictures posted on social media if office photos are ever taken:

Signature: _____

I consent to receiving text reminders for my appointments:

Signature: _____

I have read, or have had read to me, the above consent. I have had the ability to ask any questions pertaining to this form and its content and have had them answered completely to my satisfaction. I am aware of the benefits and risks of seeking chiropractic care as well as my alternative options for treatment. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility. By signing below, I hereby give my consent to follow and receive the recommended treatment.

_____ Patient Printed Name

_____ Signature of parent or guardian

_____ Patient Signature

_____ Signature of legal representative

Date:_____

Paying for your care is easy here!

Initial which one is you:

- ❑ **No Insurance**:
  - Easy! Our Chiropractic, Decompression Care Plans and simple payment arrangements have helped over 2500 people and will work great for you too!
  - Insurance pays very little and maybe not at all for necessary services like Lasik, or necessary cosmetic surgery or our incredible Decompression & SoftWave Tissue Regeneration protocols.

  Initial_____

- ❑ **Health Insurance:**
  - These days, insurance pays very little if anything for natural drugless care to get you healthy. So we make it easy!
  - We will verify any benefits you may have and send your claims in to your insurance for you.
  - If they pay anything after your deductible is met, we will accept payment directly from them.
  - You are responsible for any deductible, co-insurance, co-pays and unpaid visits.
  - Of course you can use your HSA, HRA and Flex dollars here!
  - For your convenience, all payment arrangements are made in advance. We will never surprise you with a bill in the mail.

  Initial_____

- ❑ **Auto Injury**
  - Most Auto related injuries are covered 100% in Ohio for patients not at fault. You can get the care you need and it normally costs nothing. Great for you!
  - All we need is your claim number and insurance information.

  Initial_____

- ❑ **Medicare**
  - Medicare pays for much of your care making it quite easy.
  - We simply need a copy of your Medicare card.
  - Medicare supplements normally don't pay anything.

  Initial_____

You have made a great decision to get care here!

Our goal is to be your family chiropractor for life!