



Welcome! Thank you for choosing our practice for your health needs. Your first visit to our center is an opportunity for us to learn all about you. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

Patient Information

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Preferred method for appointment reminders: [ ] Email [ ] Text If Text - Cell phone provider \_\_\_\_\_

[ ] Married [ ] Single [ ] Divorced [ ] Widowed # Of kids \_\_\_\_\_ Ages: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Health History

Have you ever been to a chiropractor before? [ ] Yes [ ] No Last visit? \_\_\_\_\_ Good results? \_\_\_\_\_

Have you ever been told you have any problems in your spine or nervous system? [ ] Yes [ ] No

If yes, what? \_\_\_\_\_ Females - Pregnant? [ ] Yes [ ] No Due Date \_\_\_\_\_

List any surgeries and the dates which they occurred: \_\_\_\_\_

List any medications you currently take: \_\_\_\_\_

Symptoms are your body's way of telling you something is wrong with your health. Please check off anything that you are currently experiencing or have experienced in the last 6 months:

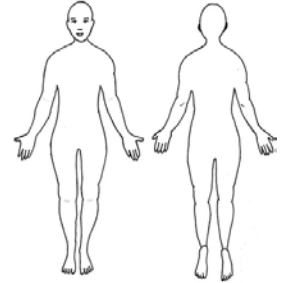
- Headaches, Sore Throat, Frequent Colds, Sinus Problems, Gas/Bloating, Diarrhea, Blood Pressure, Chest pain, Chest Congestion, Cancer, Menstrual Problems, Prostate Problems, Other
Dizziness, Neck Discomfort, Ear Aches, Anxiety, Nausea, Constipation, Walking Problems, Asthma, Lung Problems, Liver Problems, Gall Bladder, Infertility
Fatigue, Low Back Discomfort, Hand/Arm Numbness, Fainting, Heartburn, Colitis, Shoulder Problems, Allergies, Thyroid Problems, Kidney Problems, Cold Extremities, Extremity Weakness
Depression, Mid-back Discomfort, Leg/Foot Numbness, Convulsions, Ulcers, IBS, Heart Disease, Short breath, Diabetes, Blood Problems, Bladder Problems, Extremity Swelling

# How Can We Help You?

Reason for Visit \_\_\_\_\_  
 \_\_\_\_\_

If you are visiting us because of symptoms, what are they? \_\_\_\_\_

Please list any other symptoms that you are experiencing, even if you think chiropractic has nothing to do with them \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Mark an X on the pictures wherever you have any problems →

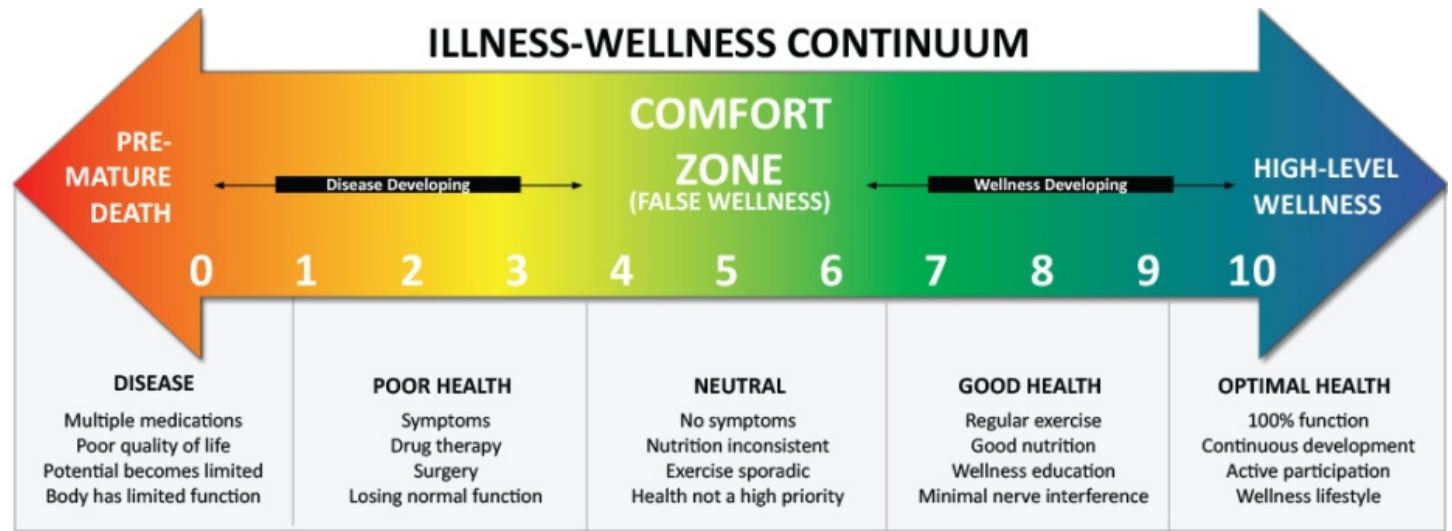
## How committed are you to correcting this issue(s)?

(Not committed) 1 2 3 4 5 6 7 8 9 10 (Very committed)

### On the diagram below:

1) What number do you think represents your health today? 1 2 3 4 5 6 7 8 9 10

2) In what direction is your health currently headed?  to the left  staying the same  to the right



### What are your health goals?

Immediate (next few weeks) \_\_\_\_\_

Short-Term (next few months) \_\_\_\_\_

Long-Term (next few years) \_\_\_\_\_

## Notice of Privacy Policy

Protecting the privacy of your personal health information is important to us. Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, and law enforcement activities. Any other disclosures for the purposes of treatment, payment or practice operations will be made only after obtaining your consent.

- You may request restrictions on your disclosures
- You may inspect and receive copies of your records within 30 days with a request
- You may request to view changes to your records
- 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 & 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 providers
- Conduct normal healthcare operations such as quality assessment and physician's certifications

I have read and understand your Notice of Privacy Practices. A more complete description can be requested. I also understand that I can request, in writing, that you restrict how my personal information is used and/or disclosed.

Patient Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor - Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like to authorize other person(s) to have access to your health records?      Yes    No

If yes, please state name of person(s) \_\_\_\_\_

## X-ray Consent

I authorize the taking of diagnostic x-rays as part of my chiropractic spinal examination with DiMartino Chiropractic Center, PC. I have been advised and understand the dangers of radiation. I verify that to the best of my knowledge, I am not pregnant, nor do I have plans for pregnancy for at least 30 days.

Patient Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor - Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Terms of Acceptance

When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both of us to be working towards the same objective. Our only practice objective is to improve vertebral subluxation, a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to improve vertebral subluxations. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

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

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

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

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 examination or care, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we recommend that you seek the services of a health care provider who specializes in that area. Regardless of what the disease or disorder is called, we do not offer to treat it, nor do we offer advice regarding treatment prescribed by others.

All questions regarding the doctor's objective pertaining to care in this office have been answered to my satisfaction. I have read fully and understand the above statements and I accept chiropractic care on this basis.

Patient Name (printed) \_\_\_\_\_

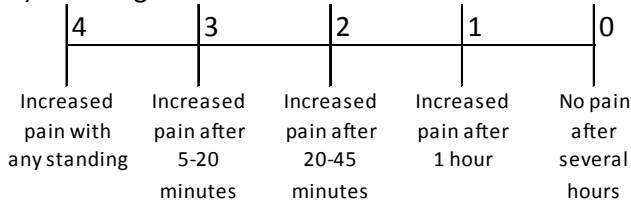
Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor - Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

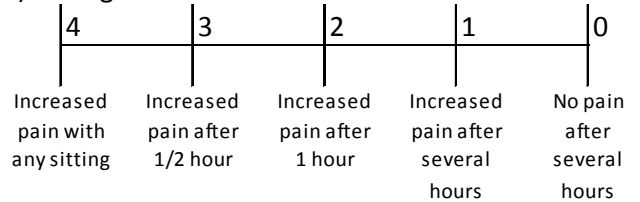
# Functional Rating Index

In order to properly assess your condition, we must understand how much your neck or back problems have affected your ability to manage everyday activities. For each item below, **please circle the number which most closely describes your condition right now.**

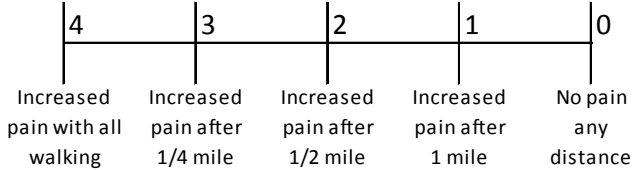
## 1) Standing



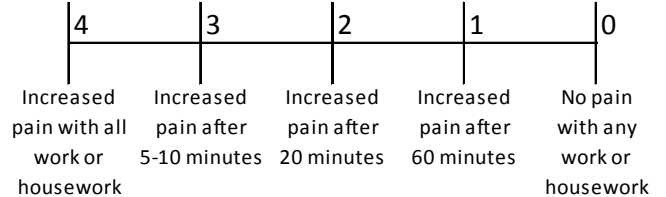
## 2) Sitting



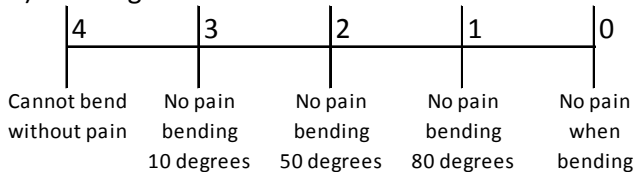
## 3) Walking



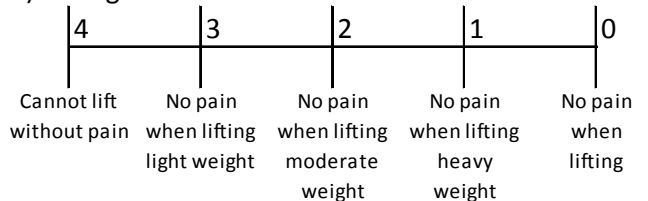
## 4) Work/Housework



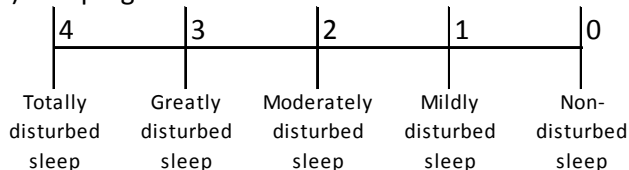
## 5) Bending



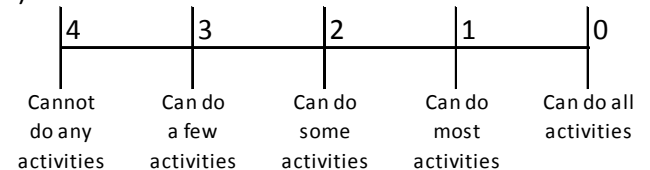
## 6) Lifting



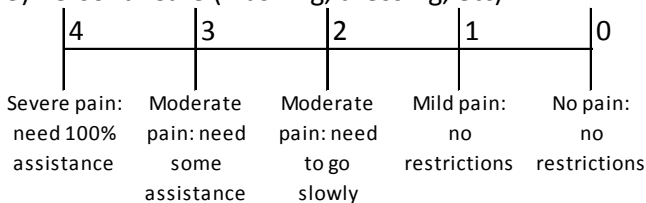
## 7) Sleeping



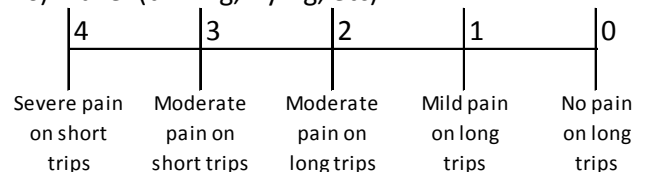
## 8) Recreation



## 9) Personal Care (washing, dressing, etc)



## 10) Travel (driving, flying, etc)



Total score: \_\_\_\_\_