

# READ THIS FIRST!!!!!!

(AND TAKE IT HOME WITH YOU)

No white coats, blood tests, stethoscopes, and strange machines that go “BEEP, BEEP, BEEP.” **This** is what CHIROPRACTIC looks like.

IF you’ve been to a Doctor of Chiropractic before, you’ll see some things familiar to you, but being done in a different way. If you’ve never been to a chiropractor before, here’s a quick explanation of what we’re doing and why...

#1 – The BRAIN balances ALL functions of the body. There are no automatic functions in the body; keeping all the parts working together is what the brain does.

#2 – The brain and the body talk to each other through the spinal cord and nerves. When there’s interference (‘static’) with the signals, unbalanced function will occur.

#3 – Unbalanced body function is called “dis-ease”; literally meaning “apart from balance.” Medical researchers from Harvard to UCLA have stated, “The nervous system is involved in all disease processes.”

#4 – The most common cause of nerve interference is **vertebral subluxation**: a small misalignment of one vertebra with another. Less than 1% of nervous system is devoted to sensation or pain and because of this, people have subluxations they don’t even know about!

#5 – **Vertebral subluxation** has several causes: physical, chemical, and/or psycho-emotional stressors...the things we’re confronted with everyday. Excessive stressors cause vertebral subluxation to occur;

#6 – **FINALLY**...the ONLY purpose of the Doctor of Chiropractic is to DETECT, ANALYZE, and CORRECT vertebral subluxation... allowing the brain to clearly speak with the body so normal function may return.

Now here’s what to expect on your first visit...

- You’ll fill out information that we need to assess your condition and determine whether or not we will accept your case;
- We will be performing tests and taking X-rays to assess whether or not you suffer from vertebral subluxation that might be causing your problems, and;
- We’ll BRIEFLY show you what we find, your options for taking care of it, adjust your spine if warranted;
- And you’ll make an appointment for a more detailed explanation on your second visit.

TURN THE PAGE, THERE’S MORE...

# How this place works...

At first, this place may seem a bit...crazy. But we do have a flow and logic to the way we do things. Our goal: give people the service they need, when they need it, at a very affordable price. If you're ever in doubt about what to do, ask us or ANY of the other patients (because we only have the cool people here.) Part of our ability to keep prices low is that everyone helps!

## **CHECKING IN:**

Every visit requires a new note page (found at the front desk on clipboards).

Fill out the top part of the note page completely.

Choose your doctor.

IF you have an active problem, mark on the body diagram where the problem is.

Sign and date the page.

Place the clipboard in the front of the rack on the doctor's desk in a spot closest to you.

## **GETTING ADJUSTED (AND OTHER SERVICES)**

It takes time and repeated adjustments to retrain tissues and neurological function. Therefore, when it's your turn, we don't need a laundry list of symptoms. We ONLY need to know if:

- 1) You have a NEW PROBLEM, and
- 2) Are you "BETTER, SAME, OR WORSE."

## **CHECKING OUT:**

Checking out at the front desk requires the note page. It's how we keep track of what's been done.

**NOTICE:** EVERY patient must provide a unique and valid email to have receipts emailed. (No family email accounts accepted.) If you do not have a unique email, you must take a paper copy of your receipt on the day of service. If you do NOT provide a unique email OR take a copy of your receipt the day of service, we will be unable to retrieve your payment information at a later date.

# THE Welcome to... SPINE WORX

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email Address (if you have one) \_\_\_\_\_

Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Carrier (for text notifications):  
☐ ATT ☐ T-Mobile ☐ Sprint PCS ☐ Nextel  
☐ Verizon ☐ Virgin ☐ US Cellular ☐ Alltel

How did you hear about us? Give us a name!

- |  |  |
|--|--|
| <input type="checkbox"/> A Friend _____                  | <input type="checkbox"/> Drive by / saw the sign |
| <input type="checkbox"/> My Doctor _____                 | <input type="checkbox"/> Phone Book              |
| <input type="checkbox"/> My Work _____                   | <input type="checkbox"/> Radio                   |
| <input type="checkbox"/> The Spine Worx Doctors or Staff | <input type="checkbox"/> Internet                |

What is your reason for coming? \_\_\_\_\_

THERE ARE **2 SIDES** TO THIS PAGE!!! READ AND SIGN **BOTH SIDES**!!!

**Our goal:** to provide the highest quality Chiropractic care at the lowest possible fee. To do this, we have adopted specific business practices to keep your costs down. To receive care here, you must acknowledge and agree to abide by the following:

- #1 You will pay for services in full each day. Any overdraft fees will be paid immediately;
- #2 You will complete and sign a 'travel sheet' every visit. No sheet, no service;
- #3 The Spine Worx, LLC, or its doctors or staff, will not participate in any insurance issue in any way;
- #4 The Spine Worx, LLC, or its doctors or staff, will not complete any forms or paperwork (i.e. FMLA, disability, etc.);
- #5 The Spine Worx, LLC, or its doctors or staff, shall not be required to acknowledge, respond to, or fulfill any third party information requests made on your behalf, i.e. "Authorization of Release of Records" from insurance companies, doctors, lawyers, employers, and;
- #6 We will hand only YOU (or your guardian with ID) a copy of your records and X-rays at any time after the appropriate release form is completed and copy fee is paid;
- #7 ***This clinic is NOT enrolled in the Medicare program. We do not provide services to Medicare beneficiaries.*** If you have Medicare coverage, you must seek care elsewhere.

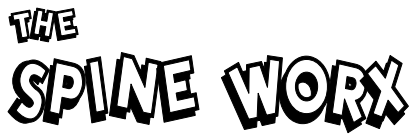
*Refusal to accept and abide by the above stated rules  
will result in dismissal from care at The Spine Worx, LLC.*

PLEASE SIGN AND DATE HERE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
SIGNATURE DATE

**READ AND SIGN THE  
BACK OF THIS PAGE.**





## **Terms of Acceptance and Informed Consent**

**Please read and ask questions before signing.**

Here at The Spine Worx, when a patient seeks chiropractic care or acupuncture, and the patient's case is accepted, it is essential for both parties to be working toward the same objective.

At The Spine Worx, no offer is made to diagnose or treat any disease or condition other than vertebral subluxation or qi blockage. Regardless of what a disease is called, no offer is made to treat a named disease. If during the course of analysis and examination, unusual non-chiropractic / acupuncture findings are encountered, you will be advised. If you desire advice, diagnosis, or treatment for those findings, it is recommended that you seek the services of a health care provider that specializes in that area. You have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit. It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. No offer is made for the advice regarding treatment prescribed by others. Our only practice objective is to correct vertebral subluxation with chiropractic adjustments or facilitate the flow of qi with acupuncture.

**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.

**ADJUSTMENT:** The specific application of forces to facilitate the body's correction of vertebral subluxation. The method of correction used is by specific adjustments of the spine.

**ACUPUNCTURE:** The ancient oriental art and science of inserting *extremely* fine needles into the body to open and unblock energy or what the Chinese call *qi* to promote health. Acupuncturists may also use low voltage electrical instruments to stimulate acupuncture points. Acupuncture points are stimulated in such a way as to increase, decrease, or even redirect the flow of qi energy in the body. This is a very simple explanation for the complex process that takes place in the body during acupuncture.

**MASSAGE THERAPY:** Is the application of massage techniques on the human body and includes: (A) the use of touch, pressure, percussion, kneading, movement, positioning, nonspecific stretching, stretching within the normal anatomical range of movement, and holding, with or without the use of massage devices that mimic or enhance manual measures; and (B) the external application of heat, cold, water, ice, stones, lubricants, abrasives, and topical preparations that are not classified as prescription drugs; and does not include: spinal manipulation, diagnosis, or prescribing drugs.

As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. A rare but serious condition known as an "arterial dissection" caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache and a percentage of these patients will experience a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not and have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. The reported association between chiropractic visits and stroke is very rare and estimated to be related in one in one million to one in two million cervical adjustments.

**ATTENTION:** This facility is NOT enrolled in and does NOT participate in the Medicare program. If you are a Medicare beneficiary, you must seek care elsewhere.

By signing this form, you are stating that:

- ⇒ You have read and understand the information regarding the practice of chiropractic and acupuncture at this clinic;
- ⇒ You seek and accept care at this clinic based on the detailed information above;
- ⇒ You authorize the release of any information necessary to obtain payment for services;
- ⇒ You are financially responsible for all services rendered;
- ⇒ You verify that you are NOT a Medicare beneficiary.

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Signature of Patient, Parent, or Legal Guardian

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Date

# TELL US ABOUT YOU...

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## #1 Details about your problem.

**When did it start?** \_\_\_\_\_

**What caused it?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Overexertion | <input type="checkbox"/> Abnormal Posture    |
| <input type="checkbox"/> Car Accident | <input type="checkbox"/> Repetitive Activity |
| <input type="checkbox"/> Lifting      | <input type="checkbox"/> Fall/Slip/Trip      |
| <input type="checkbox"/> OTHER        |  |

**How does it feel?**

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Aching Pain  | <input type="checkbox"/> Sharp     |
| <input type="checkbox"/> Burning Pain | <input type="checkbox"/> Shooting  |
| <input type="checkbox"/> Cramping     | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Dull Ache    | <input type="checkbox"/> Throbbing |
| <input type="checkbox"/> Numbness     | <input type="checkbox"/> Tingling  |

**What makes it better?**

- |   |  |
|---|--|
| <input type="checkbox"/> Rest               | <input type="checkbox"/> Movement/Exercise |
| <input type="checkbox"/> Heat               | <input type="checkbox"/> Cold / Ice Packs  |
| <input type="checkbox"/> Wrapping / Support | <input type="checkbox"/> Changing Position |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Nothing           |

**What makes it worse?**

- |  |  |
|--|--|
| <input type="checkbox"/> Cough/Sneeze/BM   | <input type="checkbox"/> Lift/Bend/Push/Pull |
| <input type="checkbox"/> Drive/Ride/Sit    | <input type="checkbox"/> Walk/Run/Stand      |
| <input type="checkbox"/> Changing Position | <input type="checkbox"/> Other               |

**WOMEN ONLY: Last Menstrual Period:**

**Birth Control? YES NO**

## #1 Continued

**Any Prior Treatment?**

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Care/Drugs | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Surgery            | <input type="checkbox"/> Massage Therapy  |
| <input type="checkbox"/> Acupuncture        | <input type="checkbox"/> Chiropractic     |
| <input type="checkbox"/> None               |   |

**Are you taking medications?**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Ibuprofen            | <input type="checkbox"/> Tylenol      |
| <input type="checkbox"/> Aspirin              | <input type="checkbox"/> None         |
| <input type="checkbox"/> Prescriptions (list) | <input type="checkbox"/> Herbs (list) |

**Have you had previous surgeries? Please list :**

**Please list previous serious injuries — include date, site of injury, and any treatment received.**

**Please list any chronic health care conditions (diabetes, high blood pressure, etc.)**

## #2 Have you had...? (Mark all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Change in bowel or bladder function recently | <input type="checkbox"/> Fever for the previous 10-14 days                |
| <input type="checkbox"/> History of cancer                            | <input type="checkbox"/> Recurrent infections                             |
| <input type="checkbox"/> Unexplained weight loss                      | <input type="checkbox"/> Inner thigh numbness or weakness of arms or legs |
| <input type="checkbox"/> Prolonged use of corticosteroids             | <input type="checkbox"/> History of stroke, TIA, or blood vessel disease  |

NOTES: \_\_\_\_\_

\_\_\_\_\_

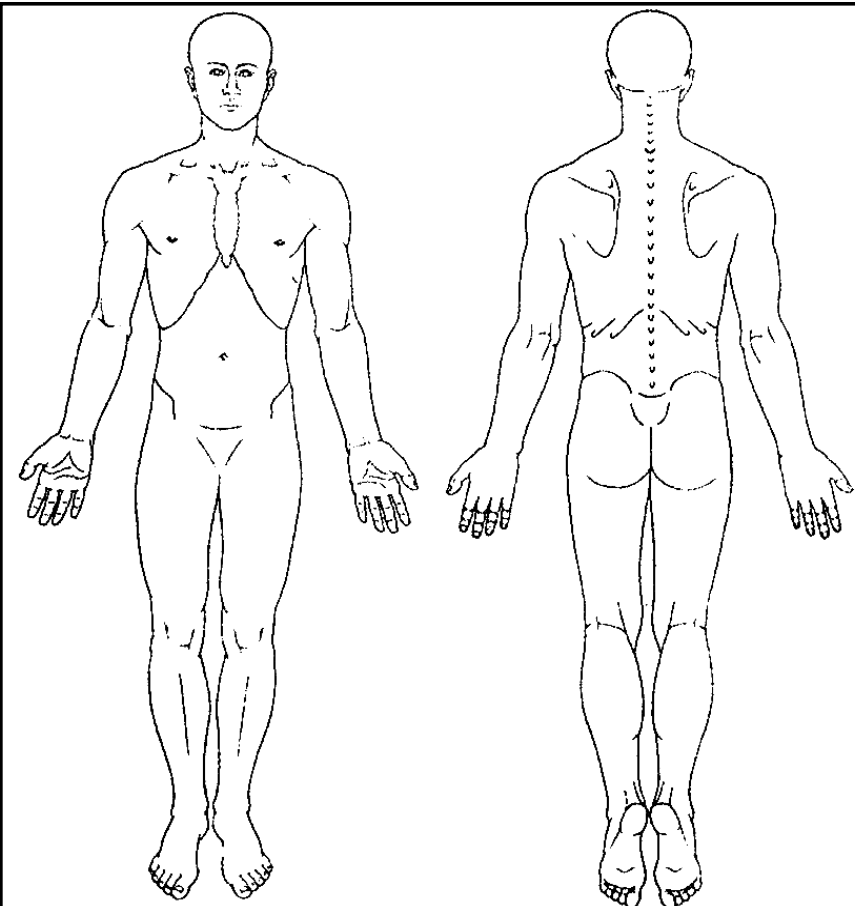
\_\_\_\_\_

**Have you had, or do you currently suffer from any of the following problems? Please CIRCLE the ones that apply to you.**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Fatigue, Fevers, Weight Change  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Headaches, migraines, Dizziness                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sleep disturbance   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Vision Changes  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sinus problems, Allergies   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Adenoid, tonsil problems, Throat Problems                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hearing problems  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Earaches  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Neck Pain   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Shoulder problems, Elbow Problems, Hand Problems,                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Thyroid disorder  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Asthma, Chronic cough, lung disorder                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Midback Pain  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Gallbladder problems, Anemia, Liver Problems                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Nausea, heartburn, Indigestion, bloating                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Diabetes or Hypoglycemia  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Chronic Infections, Lowered Resistance                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Kidney problems, Skin Disorders                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Low back problems, Disc problems, Hip, leg, or foot pains             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Bladder troubles, Urinary Problems                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Menstrual Disorders, Female Problems                                  |                              |                             |
| ED, prostate problems   |                              |                             |
| Sciatica, Hemorrhoids, Cold feet, Restless legs, circulation problems | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cancer, Osteoporosis  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**INSTRUCTIONS:** Circle on the body where your problems are and use the symbols to show what type of pain you feel.

DULL / ACHE	SHARP / STAB	NUMB / COLD	BURN	TINGLE
XXXXXX	\\\\\\\\\\	- - - - -	# # #	.....



**What other health information we should know about?**

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**Printed Name:** \_\_\_\_\_

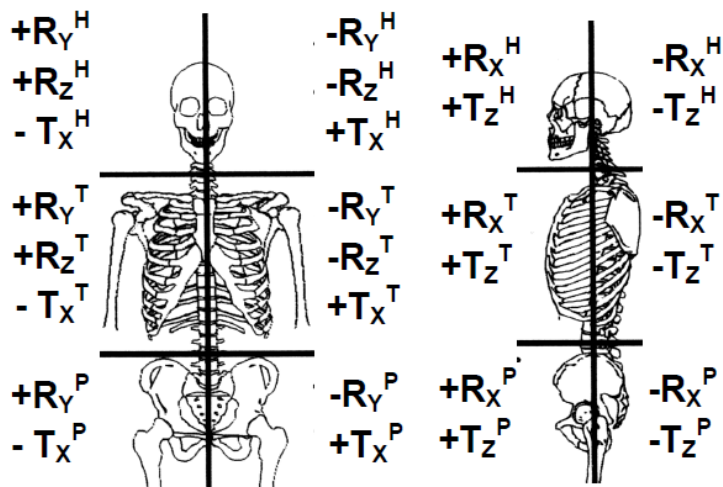
**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### SUBJECTIVE

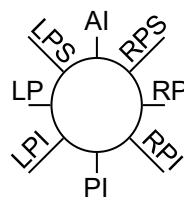
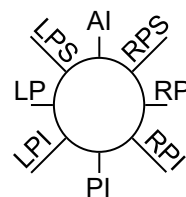
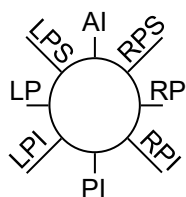
### OBJECTIVE:

#### POSTURAL ASSYMETRY ASSESSMENT:



#### NATIONAL-DIVERSIFIED LISTINGS:

LPIN, LAIS, LPL5, RPT12 - RPIN, RAIS, RPL5, LPT12



LEG LENGTH DISCREPENCY: LEFT RIGHT

#### MOTION PALPATION / Rom

☐ ADDITIONAL OBJECTIVE INFORMATION ON REVERSE OF THIS SHEET.

### ASSESSMENT

☐ DIAGNOSIS UNCHANGED. TREND: + = — ☐ VERTEBRAL SUBLUXATION:

**COMPONENT(S):** KINESIOPATHOLOGY NEUROPATHOLOGY MYOPATHOLOGY HISTOPATHOLOGY PATHOPHYSIOLOGY

**TRAJECTORY:**

☐ ICD10: M99.0\_\_ ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ M79.1

☐ ADDITIONAL ASSESSMENT INFORMATION ON REVERSE OF THIS SHEET.

### PLAN

OFFICE	Dr.		
NP	ADJ 1-2	MAS	5
SCAN/EMI	ADJ 3-4	MAS	15
POST	ACU	MAS	30
TRAIN	COUNSEL	MAS	45
TRXN	CONSULT	MAS	60

☐ X-RAY \_\_\_\_\_

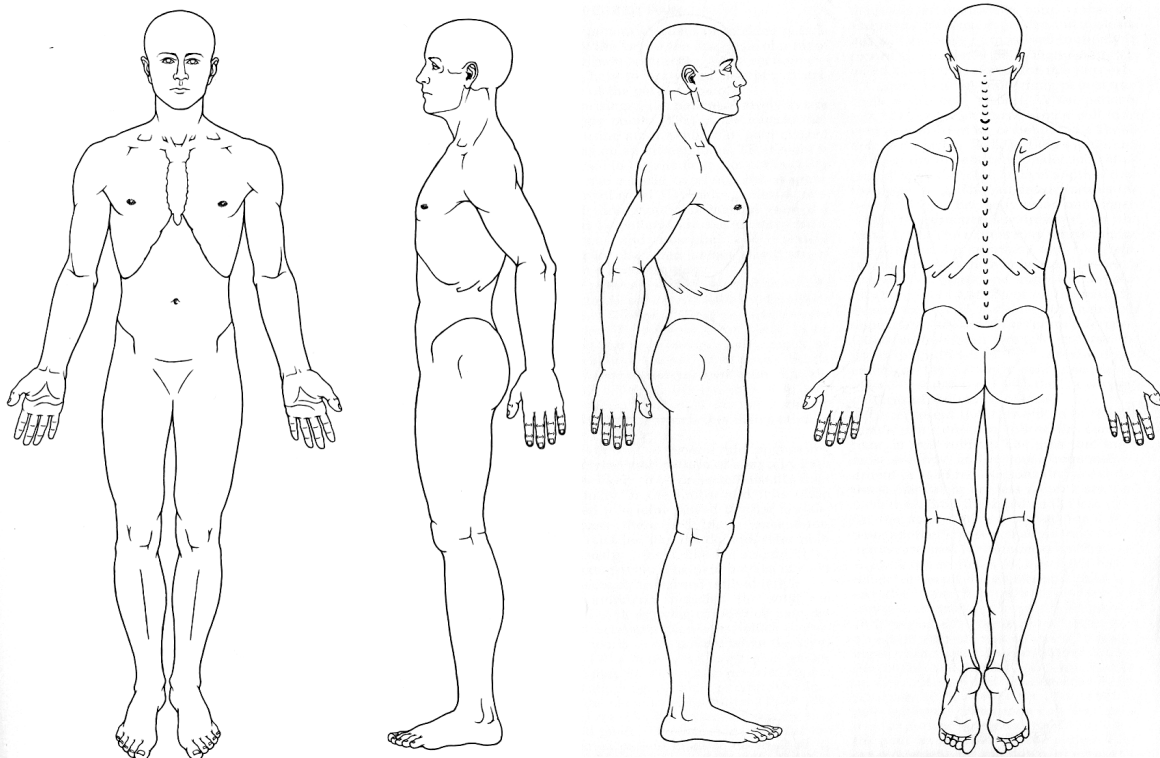
☐ ADDITIONAL PLAN INFORMATION ON REVERSE SIDE.

TECH: DIV CBP/DROP INST F/D STANDING

## TISSUE AND/OR TONE ASSESSMENT:

☐ X-RAYS WERE REVIEWED TODAY.  
VERTEBRAL SUBLUXATION WAS  
DEMONSTRATED VIA X-RAY.

☐ PARASPINAL INFRARED FINDINGS POSITIVE



### MASSAGE TECHNIQUES:

<input type="checkbox"/>	Effleurage
<input type="checkbox"/>	Petrissage
<input type="checkbox"/>	Roulomont
<input type="checkbox"/>	Tapotement
<input type="checkbox"/>	Friction/Transverse Friction
<input type="checkbox"/>	Trigger Point/ Ischemic Compression
<input type="checkbox"/>	Positional Release
<input type="checkbox"/>	Myofascial Release
<input type="checkbox"/>	Postisometric Relaxation
<input type="checkbox"/>	Lymphatic Drainage
<input type="checkbox"/>	Prenatal
<input type="checkbox"/>	Swedish
<input type="checkbox"/>	Energy Techniques
<input type="checkbox"/>	Cranial Sacral

### PRESSURE DEPTH

<input type="checkbox"/>	LIGHT	<input type="checkbox"/>	SUPERFICIAL
<input type="checkbox"/>	MEDIUM	<input type="checkbox"/>	MEDIUM
<input type="checkbox"/>	HEAVY	<input type="checkbox"/>	DEEP

**LEGEND:** X = TRIGGER POINT → = RADIATION O = TENDER POINT  
// = TAUT BANDS ● = ACUPUNCTURE POINTS USED

ADDITIONAL OBJECTIVE:

ADD'L ASSESSMENT

ADD'L PLAN

☐ 99211-25 COUNSELING/COORDINATION OF CARE.