NEKTALOV FAMILY CHIROPRACTIC & PT

Welcome to our office!

Please feel free to ask any questions at any time to the staff or the doctor in our office.
We look forward to a healthy relationship with you and your family. **- Please PRINT -**

Today's Date: _____ SSN: _____ File # _____

Last Name: _____ First: _____ M.I: _____

Prefers to be called: _____ Age: _____ Birthdate: _____ ❑ M ❑ F

Is your visit to our clinic today for care resulting from an auto accident or workers compensation injury? ❑ Yes ❑ No

Are you currently in litigation due to any health related problems? ❑ Yes ❑ No

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phones: Home: _____ Work: _____ Cell: _____

Race (optional): _____ E-mail: _____

Occupation: _____ Employer: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: ❑ Single ❑ Married

Spouse's Name: _____

Emergency Contact Person: _____ Phone: _____

Have you received chiropractic or physical therapy care in the past? ❑ Yes ❑ No When? _____

How did you hear about us? _____

Please describe the reason for previous care: _____

Name, address and phone # of your Medical Doctor: _____

List the name of your health insurance company: _____

My insurance policy number is: _____

Reason(s) for seeking Chiropractic or Physical Therapy care starting with the most severe:

1. _____ *When did your pain start:* _____

2. _____ *When did your pain start:* _____

Nektalov Family Chiropractic & PT is interested in helping your body function optimally. Frequently, there are events, injuries, or traumas that occur throughout life that affect the development and structure of your spine. Such altered function can influence the nervous system and may affect your general health.

Patient General Information Questionnaire

Does your pain/condition interfering with your daily activities? ❑ Yes ❑ No
Please explain: _____
Have you miss time from work due to your pain/condition? ❑ Yes ❑ No
Please explain: _____
Is there anything that you would like to be able to do, that you are unable to do now? ❑ Yes ❑ No
Please explain: _____
How ***committed*** and ***motivated*** are you to getting your condition corrected from **1** to **10**?

Circle one: **1 2 3 4 5 6 7 8 9 10**

Review of Systems, Please check any condition you have had in the past or have now:

Now	Past		Now	Past		Now	Past	
❑	❑	Back pain	❑	❑	Poor circulation	❑	❑	Menstrual problems
❑	❑	Neck pain	❑	❑	Irregular heart beat	❑	❑	Pregnancy
❑	❑	Shoulder/arm pain	❑	❑	High BP	❑	❑	Colon trouble
❑	❑	Hip/leg pain	❑	❑	Difficulty breathing	❑	❑	Stomach trouble
❑	❑	Sciatica	❑	❑	Asthma	❑	❑	Liver trouble
❑	❑	Arthritis	❑	❑	Prostate problems	❑	❑	Frequent infections
❑	❑	Headache	❑	❑	Difficulty urinating	❑	❑	Skin problems
❑	❑	Dizziness	❑	❑	Kidney problems	❑	❑	Easy bruising
❑	❑	Chest pain						
❑	❑	None of the above	❑	❑	None of the above	❑	❑	None of the above

Please list any medications you are currently taking:

_____

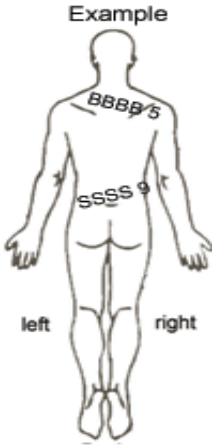
Have you ever:

Comments:

Had any accidents, falls, traumas, or injuries: ❑ Yes ❑ No _____
_____
Had a broken bone: ❑ Yes ❑ No _____
Had surgery: ❑ Yes ❑ No _____
Allergies: ❑ Yes ❑ No _____

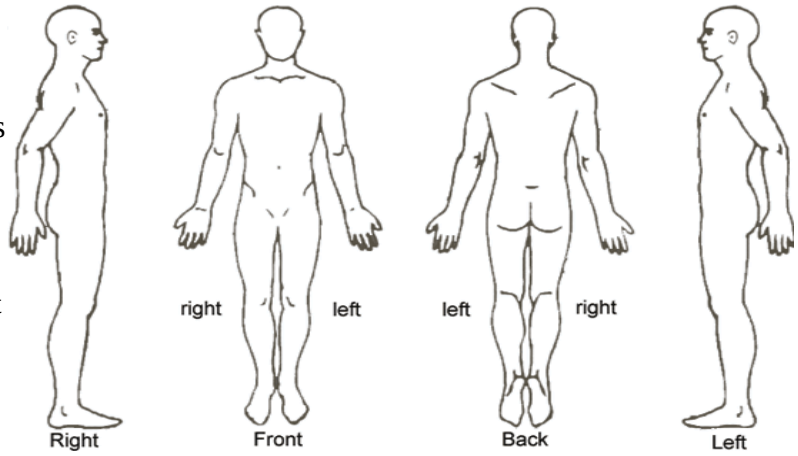
Areas of injury or discomfort:

On the following chart please mark area(s) of injury or discomfort (see example). Mark all areas with the appropriate symbols and indicate the degree of pain on a scale from 1 (discomfort) to 10 (extreme pain).



NNNN	Numbness
PPPP	Pins & Needles
BBBB	Burning
AAAA	Aching
SSSS	Stabbing

Circle any area of pain not represented by a symbol.



Consent for Chiropractic Care in Nektalov Family Chiropractic & PT PLLC

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well like physical therapy. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. 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, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as a cervical arterial dissection that involves an abnormal change in the wall of an artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. This occurs in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke. As chiropractic can involve manually and/or mechanically adjusting the cervical spine, it has been reported that chiropractic care may be a risk for developing this type of stroke. The association with stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

AUTHORIZATIONS AND ACKNOWLEDGEMENTS

ASSIGNMENT OF BENEFITS: I authorize payment of my Medicare and/or Insurance benefits to be made directly to Nektalov Family Chiropractic & PT, PLLC on my behalf for care rendered. In the event my insurance carrier does not accept Assignment of Benefits, or if payments are made directly to me, I will endorse such payments to Nektalov Family Chiropractic & PT, PLLC within five (5) days of receipt of such payment.

FINANCIAL/INSURANCE RESPONSIBILITY FOR ALL NEKTALOV FAMILY CHIROPRACTIC &, PLLC'S SERVICES: I understand and agree to the following policies regarding financial and insurance responsibilities. Payment is required at or before each visit. I am responsible for charges incurred for all treatment rendered. This responsibility includes co-insurance, deductible amounts, non-covered and excluded items not paid for by my insurance carrier or other party responsible for coverage of my medical expenses. I agree that I am responsible for any payments for services my insurance carrier determines, either now or at a later date, to be unreasonable or not medically necessary. I further understand Nektalov Family Chiropractic & PT, PLLC will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I also agree to be responsible for costs and expenses, including court costs, attorney fees and interest, should it be necessary for Nektalov Family Chiropractic & PT, PLLC to take action to secure payment of an outstanding balance owed.

FURTHER NOTICES AS TO POLICIES REGARDING INSURANCE: As a courtesy, Nektalov Family Chiropractic & PT, PLLC will submit approved claims to your insurance company. Claim submissions may or may not be for covered services and may or may not include procedural codes or other data sufficient to support my insurer's determination as to what services it will reimburse. Nektalov Family Chiropractic & PT, PLLC may provide records requested by my insurance company. If possible, Nektalov Family Chiropractic & PT, PLLC will advise whether my insurance will cover any particular expenses, but given the uncertainty that pervades insurance decisions, Nektalov Family Chiropractic & PT, PLLC cannot be responsible for any information that turns out to be incorrect.

Patient Signature (custodial parent or legal guardian if patient is a minor)	Relationship to Patient	Date