

PATIENT INFORMATION

Name _____ Birth date _____ Age _____

Address _____ Social Security # _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell phone _____ Work phone _____ E-mail _____

Employer's Name _____ Position _____ Address _____

Marital status - *circle one* [S M W D] Are You Insured? [Y N] Ins. Company _____

Spouse's name _____ Are you Pregnant? [Y N] Number of children _____

Referred by _____

Have you had chiropractic care before? _____ When? _____

What is your current complaint? _____

Is this condition due to:

- Auto accident
- Work injury
- Other accident
- Illness
- Unknown cause

Date symptoms appeared _____

Are symptoms:

- Improving [101]
- About the same [102]
- Getting worse [103]
- Intermittent [come and go] [104]

Check any activities which aggravate your condition:

- Standing
- Lying
- Bending
- Coughing
- Twisting
- Walking
- Sitting
- Lifting

List all prescription drugs you now take: [108]

Other doctors seen for other problems:

List all non-prescription drugs you now take: [109]

Have you had these symptoms Before?

- No [105]
- Yes When? _____

List all previous accidents:

Check here if you

- smoke [110]
- don't exercise regularly [111]

Who is your general practitioner? Dr. _____

[106]

Would you like us to send a report to your general practitioner?

- Yes
- No

List all surgical operations: [107]

Check here if you have a family history of:

- arthritis [112]
- cardiovascular disease [113]
- diabetes [114]
- cancer [115]

I understand and agree that medical insurance policies are an arrangement between my insurance company and myself - not my insurance company and this office. I authorize this office to release any medical information and complete any usual and customary reports and forms at no charge, to assist in collecting from my insurance company. However, I understand that I am ultimately responsible for payment in full and agree to pay a \$10 per month billing charge and a 1.5% monthly interest charge for all unpaid balances, which become 30 days past due. If necessary, I also agree to take full responsibility for all third party costs, including collection agencies, reasonable attorney fees and/or court costs incurred in attempting to collect this debt. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

I have read this financial policy. I understand and agree to all the terms of this policy.

Signature: _____ Date: _____
[Parent's signature if minor]

Please check the type of care desired so that we may be guided by your wishes when possible:

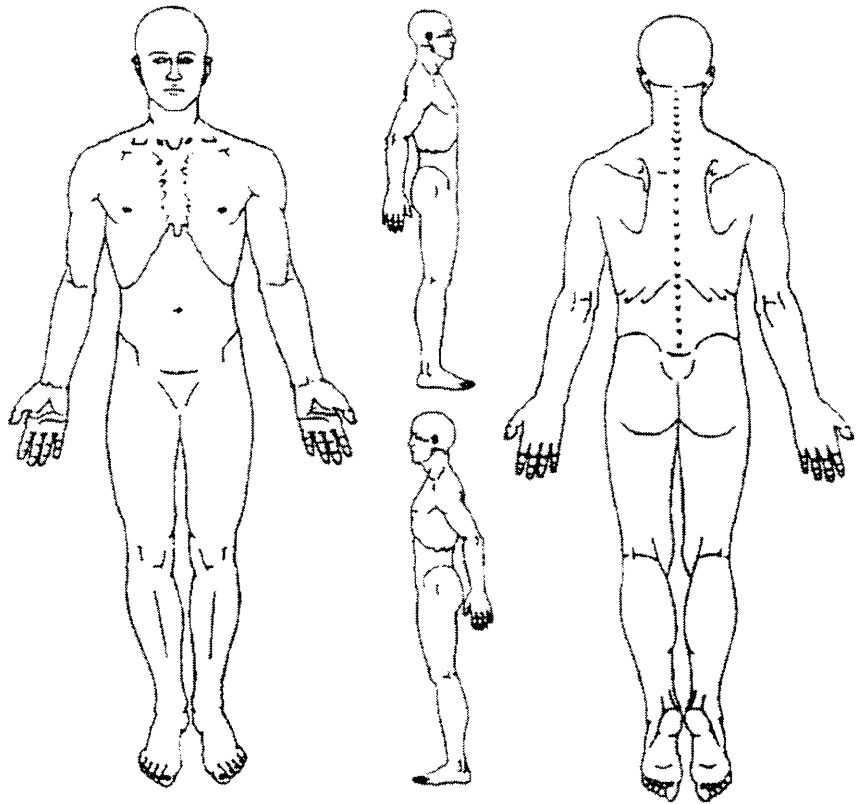
- Temporary relief
- Control of immediate problem
- Total healthcare
- I prefer the Dr. to select the type of care he feels is best for me

If you are **not** here to seek Wellness Care on this visit and have pain,
please mark on the diagram the type of pain and location:

TYPE OF PAIN YOU
ARE CURRENTLY
EXPERIENCING...

Place appropriate symbol
or letter on the diagram.

Ache = AAAAA
Numbness = NNNNN
Pins and Needles = OOOOO
Burning = XXXXX
Stabbing = /////



WHAT IS THE
INTENSITY OF YOUR
PAIN?

Please circle one...

Slight
Minimal
Moderate
Severe

VISUAL ANALOG PAIN SEVERITY SCALE

Please place a mark on the line that corresponds to your *current* pain.

NO PAIN WORSE PAIN EVER

Please place a mark on the line that corresponds to your *average* pain.

NO PAIN WORSE PAIN EVER

When did the pain begin? _____ Any flare-ups since then? If so, when? _____

What brought the pain on? _____

What makes the pain better? _____ What makes it worse? _____

How often does the pain exist? _____ And for how long? _____

Any prior injuries to the area of pain? _____

Have you seen another healthcare practitioner for the pain/condition? _____ If so, who? _____

E N O S

Chiropractic Center

Jamie M. Enos, D.C.

ENOS CHIROPRACTIC CENTER FINANCIAL POLICIES

Dear Patient:

The following is our Financial Policy. Our main concern is that you receive the proper and optimal treatment needed to restore your health. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to ask our office staff. We ask that all our patients read our Financial Policy prior to receiving services. All policies mentioned on the following pages may apply to you, regardless of the title given to any section:

PLEASE READ CAREFULLY.

- **Payment for all services at Enos Chiropractic Center is due at the time of service.**
- We accept cash, checks, and for your convenience, Mastercard, Visa, and Discover.
- We understand that temporary financial problems may affect timely payment of services rendered at the facility. We encourage you to communicate any such problems so that we can assist you in the management of your account and minimize any disruption of your care.

PENALTY FEES

- *\$30.00 fee for checks returned to us by the bank*
- *1.5% per month interest for balances older than 30 days*
- *Unless an appointment is canceled at least 24 hours in advance, you will be charged a \$25.00 fee that is not reimbursed by health insurance. Availability is a serious issue when a patient is in pain. This courtesy is appreciated.*
- *If your account is seriously overdue and reasonable cooperation is lacking on your part, a collection agency will be hired at your expense to finalize your account.*

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH IN ENOS CHIROPRACTIC CENTER'S FINANCIAL POLICY. I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I WILL NOTIFY THE STAFF AT ENOS CHIROPRACTIC CENTER OF ANY CHANGES IN MY HEALTH STATUS; PERSONAL, FINANCIAL OR ANY OTHER PERTINENT INFORMATION.

PATIENT'S SIGNATURE

DATE

PATIENT INFORMED CONSENT

Before you consent to begin treatment, we want you to have a clear understanding of the potential benefit and risks of the care we propose.

THE NATURE OF THE CHIROPRACTIC MANIPULATION

Skilled manipulation is the common term used to describe the primary form of treatment, which a D.C. (Doctor of Chiropractic) employs. The technical term for this treatment in the chiropractic profession is adjustment, which means a very brief, precise, stretching force applied to the joints of a patient's spine or extremities for the purposes of the correcting mechanical and neurological dysfunction of the muscles, ligaments, nerves and related structures of these joints. The decision of where, when, and how to provide an adjustment is based upon a D.C.'s formal training and clinical experience, in addition to the specific information gathered in the examination of each individual patient.

THERAPEUTIC GOALS

Skilled chiropractic manipulation is to help an injured or sick patient to recover to his or her maximal health state or by correcting spinal dysfunction in pre-clinical state, to help prevent an apparently healthy person from becoming ill or developing an advanced-pain syndrome. Some of the potential benefits of chiropractic care are, therefore, improved biomechanics of the neuromusculoskeletal system, decreased pain and disease, a high overall health state, and enhanced quality of life.

RISKS

Although the risks of detrimental effects from chiropractic care are relatively low when compared to many other forms of treatment for similar conditions, you should understand that unfavorable complications may occur.

The most common type of adverse reaction to spinal manipulation is some degree of stiffness or soreness, which may occur following the first few days of treatment. If such soreness occurs after the first one or two treatments, it usually ceases soon. Should soreness continue after this period, it is your duty to report it to us. There is a small chance that spinal manipulation may cause harm. It is occasionally possible to develop a hair-line fracture of a rib or vertebra. Rarely, about one chance in 5-20 million, spinal manipulation to the neck may cause cerebral vascular accident (CVA). In fact, these are more common, when manipulations are done by untrained therapists, trainers, or medical physicians; not necessarily from skilled chiropractic physicians. **Since this risk must be avoided if possible, we employ tests, which are designed to help identify those persons who may be susceptible to such an injury.**

ANCILLARY TREATMENT

In addition to skilled chiropractic manipulation, other supportive types of physical treatment may be utilized in the office.

ALTERNATIVE FORMS OF TREATMENT

It is also our duty to inform you that, there are other forms of treatment available for your condition.. Your other treatment options might include:

- A. No treatment
- B. Rest
- C. Self-administered, over-the-counter medications
- D. Medical care with anti-inflammatory drugs, muscle relaxants and/or pain killers
- E. Hospitalization with traction
- F. Surgery

RISKS ASSOCIATED WITH ALTERNATIVE TREATMENT OPTIONS

The Risk Inherent in These Options Includes:

- A. If musculoskeletal conditions remain untreated, adhesions may form, leading to reduced mobility, which can cause further pain and inflammatory reactions. The probability that non-treatment will complicate later rehabilitation is high.
- B. Complete rest for a musculoskeletal injury is sometimes advisable for up to 2-3 days. If the condition is not completely or almost completely resolved at the end of this time period, however, then the probability of full recovery via rest alone is low and complications of non-treatment are applicable as well as complications of muscle atrophy weakness.
- C. Overuse of over-the-counter medications often produces undesirable side effects according to professional literature.
- D. Prescription medication and pain killers can result in undesirable side effects and patient dependence. Other medications often entail very significant risks, some with high probabilities. According to FDA (1/9/95) up to 2 million people are hospitalized and 140,000 die each year from side effects or reactions to prescription drugs. In addition, a recent study released by the US Agency for Health Care Policy and Research shows little or no proven effectiveness from the use of muscle relaxants and pain killers in the treatment of acute lower back pain in adults.
- E. Hospitalization brings the addition of risks of exposure to communicable disease. Static traction has been found to have no clinical value in the treatment of acute lower back pain in adults according to the US Agency for Health Care Policy and Research.
- F. Surgery is one of the most aggressive forms of treatment for conditions of neuromusculoskeletal dysfunction and is usually only considered when all other treatment options have been tried and found to be unsuccessful. Additional risks of adverse reactions to anesthesia and infection must be considered.

Do Not Sign Below until you have read and/or understand the paragraphs above.

Please check the appropriate bracketed () space and sign below.

I have read () or have had read to me () the above explanation of the chiropractic adjustments and related treatment. I have discussed it with the Doctor of Chiropractic, and I have had my questions answered to my satisfaction. By signing below, I stated that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment.

() Although I understand the recommendations made to me subsequent to my consultation, examination and other tests, I choose not to follow them due to financial, transportation, insurance, or other reasons.

Signature of Patient

Date

Signature of Clinician

Date