Chiropractic Family Practice, PC

New Patient Application

Welcome to our Practice! Please thoroughly complete all questions. Thank you.

Name: _____ Today's Date:_____

Address: _____

City/State/Zip: _____ E-Mail:_____

Phone (H) _____ (W) _____ Cell_____

Marital status: M/W/D/S Birth Date: ___/___/___ Age: ____ Social Security #:_____

Whom may we thank for referring you?_____

Prior Doctor of Chiropractic: _____ City, State: _____ Last Visit _____

Your Occupation: _____ Employer's name: _____

Employer's address: _____

Spouse's name: _____ Spouse's employer:_____

Children's names & ages: _____

Favorite hobbies or interests:_____

Health reasons for consulting our office:

1. _____
2. _____
3. _____
4. _____

Have you had same or similar problem(s) before? Yes or No If so, how long? _____

Father/Mother/Brother/Sister/Children, with similar problems? _____

Is this the result of an auto or work injury? _____ If so, when? _____

Surgery you have had (ALL): _____

Medication(s) you are currently taking: _____

Vitamins/supplements/herbs you are currently taking: _____

Have you ever been diagnosed with cancer? _____ Yes or No If yes, please describe: _____

_____

Is there any chance that you are pregnant? Yes or No

If the doctor recommends care, does this office have your permission to correspond with your GP and/or Medical Specialists, with the goal of keeping them informed and educated, regarding your Chiropractic findings? Yes or No

If the doctor recommends care, will you be using health insurance? Yes or No

Insurance Company Name(s)_____

When you have completed this page we will be happy to photocopy your insurance card.

Method of payment for first visit: _____Cash _____Check _____Credit Card (VISA, MC, Amex)

The above information is true and accurate to the best of my knowledge. My reason for consultation with the Doctor is for evaluation of my physical health and the potential for improvement.

Patient or Guardian Signature:_____ Today's Date: _____

Patient Privacy… HIPAA

In April of 2003, the Federal Government began to require all health care facilities to clearly describe how and when patients' protected health information (PHI) could be used or disclosed. Obviously, no PHI will ever be shared without the patients' permission. In our office, we use the PHI (Address, Phone Number, and Clinical Records) only to contact our patients directly with birthday cards, newsletters, and information about treatment alternatives and health related information. Patient names are used on sign-in sheets, welcome boards and "CFP Honoree" award certificates.

"Before and After" patient testimonials documenting the many successes of chiropractic care are often displayed, ONLY with the patients' permission. No PHI will ever be displayed without the patient's authorization. This office is an educational facility, therefore visiting Doctors of Chiropractic often visit and train in our office. We provide chiropractic adjustments in an open-room setting to enhance the learning experience of all of our patient families. HOWEVER, all exams, consultations and private health recommendations are provided in our private exam and report rooms. Separate adjustment times and report times have been designed to comply with, and ensure the privacy of our patients' PHI. During the course of care, patients are asked to arrive at the office during adjustment times or report times only when appropriate. Patients have the right, at any time, to review and/or amend their own records here in our office.