

## CASE HISTORY

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver Lic. # \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Status M S W D No. Children \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years Employed \_\_\_\_\_  
Person responsible for this account \_\_\_\_\_ Referred by \_\_\_\_\_

### CURRENT HEALTH CONDITION

What is your Major Complaint? \_\_\_\_\_

What do *you* think is causing your complaint? \_\_\_\_\_

When did this condition begin? \_\_\_\_\_

Have you had this or similar conditions in the past? Yes / No \_\_\_\_\_

What activities aggravate your condition? \_\_\_\_\_

Is this condition getting progressively worse? Yes / No  Constant  Comes and Goes

Is this condition interfering with your:  Work  Sleep  Daily Routine  Other \_\_\_\_\_

List surgeries you've had (type/when/doctor/remarks) \_\_\_\_\_

List former serious accidents (any) (what/when/symptoms/treatments/results) \_\_\_\_\_

List past broken bones \_\_\_\_\_

Are you taking any medications? Yes / No What kind? \_\_\_\_\_

Any non-prescription drugs? Yes / No What kind? \_\_\_\_\_

**Do you want to get rid of this problem even if your insurance doesn't cover 100% of the costs?**

Yes No

\*May We Share This Information With Your Primary Physician \_\_\_ Yes \_\_\_ No Sig. \_\_\_\_\_

**OTHER DOCTORS SEEN FOR THIS CONDITION:**  MD  DC  Osteopath  Dentist

Doctor's Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

X-rays: Y / N Other \_\_\_\_\_

Treatment: Medication \_\_\_\_\_ Physiotherapy \_\_\_\_\_

Results \_\_\_\_\_ Length of time under care \_\_\_\_\_

**\*\* (If Auto or Work Related, Please Complete Accident/Injury Report) \*\***

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Page 2 - See Complaint List and download separately. Thank you.

HealthQuest Chiropractic, LLC

### HEALTH HABITS

Do you use tobacco products? Y / N If Yes, what kind? \_\_\_\_\_  
Do you drink alcohol? Y / N Drinks/day \_\_\_\_\_  
Do you exercise regularly? Y / N  Daily  Frequently  Occasionally  
Do you play sports? Y / N If Yes, explain \_\_\_\_\_

### CHIROPRACTIC EXPERIENCE

Have you been adjusted by a Chiropractor before? Y / N  
Chiropractor s Name \_\_\_\_\_  
Approximate Date of Last Visit \_\_\_\_\_  
Was it a Positive Experience? Y / N If No, Please Explain \_\_\_\_\_  
\_\_\_\_\_

### GOALS FOR MY CARE

People visit Chiropractors for various reasons. Some go simply to relieve pain, others want to correct the cause of the pain, and many want to achieve a higher level of health by correcting whatever is malfunctioning in their bodies. At HEALTHQUEST Chiropractic we will show you the benefits of Chiropractic care and recommend a treatment program based on YOUR needs and goals. Please check the type of care desired:

- Relief Care - Relief of pain and discomfort.
- Corrective Care - Correcting and relieving the cause of the problem as well as the symptoms.
- Comprehensive Care - Bring whatever is malfunctioning in the body to its highest state of function and health with Chiropractic care.
- I want the Doctor to select the type of care appropriate for my condition.

**I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I agree that I am responsible for all bills incurred at this office. The Doctor will not be held responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis. I also understand that if I suspend or terminate my care, any fees for professional services rendered to me will become immediately due and payable. Furthermore, I agree to be responsible for a) any return check charges, and b) fees related to collecting late or non-paid balance(s). I hereby authorize assignment of my insurance rights and benefits (if applicable) directly to the provider for services rendered.**

Patient s Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian s Signature, if patient is a minor \_\_\_\_\_ Date \_\_\_\_\_

## **INFORMED CONSENT DOCTOR-PATIENT RELATIONSHIP IN CHIROPRACTIC**

### **CHIROPRACTIC**

It is important to acknowledge the difference between the health care specialties of chiropractic, osteopathy, and medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the chiropractic doctor's procedures often depends on environment, underlying causes, physical and spinal conditions. It is important to understand what to expect from chiropractic health care services.

### **ANALYSIS**

A doctor of chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Syndrome (VSS) or Vertebral Subluxation Complexes (VSC). When such VSS and VSC complexes are found, chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission through the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

### **DIAGNOSIS**

Although doctors of chiropractic are experts in chiropractic diagnosis, the VSS and VSC, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concerns to the nature of his/her total condition. Your doctor of chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

### **INFORMED CONSENT FOR CHIROPRACTIC**

A patient, in coming to the doctor of chiropractic, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities and/or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or health care, if he/she is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known or to learn through health care procedures whatever he/she is suffering from: Latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the doctor of chiropractic. The patient should look to the correct specialist for the proper diagnostic and clinical procedures. The doctor of chiropractic provides a specialized, non-duplicating health service. The doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

### **RESULTS**

The purpose of chiropractic services is to promote natural health through the reduction of the VSS or VSC. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the chiropractic procedures. Sometimes the response is phenomenal.

In most cases there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, we must admit that conditions, which do not respond to chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

### **TO THE PATIENT**

Please discuss any questions or problems with the doctor before signing. I have read and understand the foregoing.

\_\_\_\_\_  
Signature (If patient is a minor, legal guardian's signature)

\_\_\_\_\_  
Date

***We look forward to helping you achieve your health goals! Thanks again!***