Back to Health Chiropractic & Wellness Center

1900 Long Prairie Road, Suite 130 Flower Mound, TX 75028
Office (972) 539-6564

Pt#: _____

Personal Information
Today's Date:
First Name:
Middle Initial:
Last Name:
Nickname:
Address:
City
State:
Zip:
Home Phone:
Work Phone:
Cell Phone:
Date of Birth:
SS #:
Marital Status: Single Married Widowed Other
Sex: Male Female
Spouse's Name:

Let us help you in your search for a healthy body, mind, and spirit.

At Back to Health Chiropractic and Wellness Center, we are dedicated to providing quality healthcare for the entire family. Our idea is simple… here is a place for you to find answers to your healthcare questions. Pain may lead you to us; and we are trained to identify dysfunctions that cause pain and poor health.

Your Email Address:		
How Did You Hear About Us?	❑ Previous Patient at Old Location	
❑ Person's Name	❑ Phone Book	❑ Other
❑ Insurance Book ❑ Gift Certificate	❑ Drive By	❑ Mailing
Contact Preference:		
❑ Call Home Phone ❑ Call Cell Phone	❑ Text Msg to Cell Phone	

Employer Information	
Employer:	
Occupation:	
Percent of day at a computer?	Percent of day driving?

Complete this Section ONLY If you are NOT the Primary Insured.

Insurance Information	
Relationship to Insured	Husband Wife Child Other
Insured Name	
First:	Phone:
MI:	SS#:
Last:	Date of Birth:
Address:	Sex: Male Female
City:	
State:	
Zip:	

In Event Of Emergency		
Who should we contact?	Relation:	
Home Phone:	Cell Phone:	Work Phone:
Your medical doctor?	**City:**	
Doctor's Phone:		

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Patient Health Questionnaire – PHQ

Patient: _____ **Pt. # :** _____ **Date:** _____

1. **Briefly *describe your symptoms*** _____

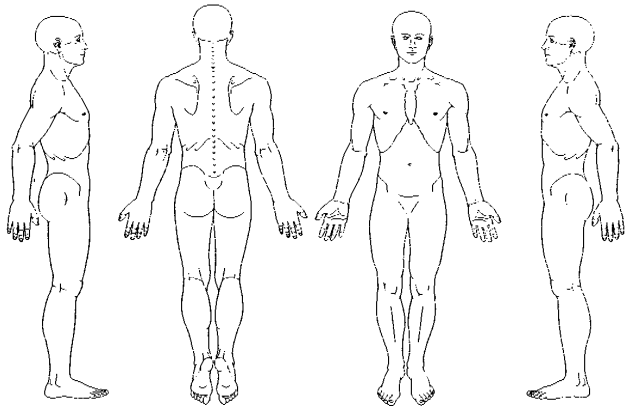
_____

a. When did your symptoms start? _____

b. How did your symptoms begin? _____

2. How often do you experience your symptoms?
- ❑ Constantly (76-100% of the day)
- ❑ Frequently (51-75% of the day)
- ❑ Occasionally (26-50% of the day)
- ❑ Intermittently (0-25% of the day)

Indicate below where you have pain or other symptoms



3. What describes the nature of your symptoms?
- ❑ Sharp
- ❑ Dull ache
- ❑ Numb
- ❑ Shooting
- ❑ Burning
- ❑ Tingling

4. How are your symptoms changing?
- ❑ Getting Better
- ❑ Not Changing
- ❑ Getting Worse

5. During the <u>past</u> <u>4 weeks</u>: ***None*** ***Unbearable***

a. Indicate the average intensity of your symptoms. ❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10

b. How much has pain interfered with your normal work (including both work outside the home, and housework)?
❑ Not at all ❑ A little bit ❑ Moderately ❑ Quite a bit ❑ Extremely

6. During the <u>past</u> <u>4 weeks</u> how much of the time has your condition interfered with your social activities?
(like visiting with friends, relatives, etc)
❑ All of the time ❑ Most of the time ❑ Some of the time ❑ A little of the time ❑ None of the time

7. In general would you say your overall health right now is...
❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor

8. Who have you seen for your symptoms? ❑ No One ❑ Medical Doctor ❑ Other ❑ Other Chiropractor ❑ Physical Therapist

a. What treatment did you receive and when?_____

b. What tests have you had for your symptoms and when were they performed? ❑ X-rays date: _____ ❑ CT Scan date: _____ ❑ MRI date: _____ ❑ Other date: _____

9. Have you had similar symptoms in the past? ❑ Yes ❑ No

a. If you have received treatment in the past for the same or similar symptoms, who did you see? ❑ This Office ❑ Medical Doctor ❑ Other ❑ Other Chiropractor ❑ Physical Therapist

10. What is your occupation? ❑ Professional/Executive ❑ Laborer ❑ Retired ❑ White Collar/Secretarial ❑ Homemaker ❑ Other ❑ Tradesperson ❑ Student

_____

a. If you are not retired, a homemaker, or a student, what is your current work status? ❑ Full-time ❑ Self-employed ❑ Off work ❑ Part-time ❑ Unemployed ❑ Other

Patient Signature: _____ **Date:** _____

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Doctor-Patient Relationship in Chiropractic
Informed Consent

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 Complexes (VSC). When VSC 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 throughout 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 on the inherent recuperative powers of the body.

Diagnosis: Although Doctors of Chiropractic are experts in Chiropractic diagnosis, they are not internal medicine specialists. Every Chiropractic patient should be mindful of his/her own symptoms and should secure other opinions if he/she has any concern as 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 Care: A patient incoming to the Doctor of Chiropractic gives the Doctor permission and authority to care for the patient in accordance with the Chiropractic test, 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 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 contra-indicated. 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 specialists 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 that do not respond to Chiropractic care may come under the control or be helped through medical science. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have great strides in alleviating pain and controlling disease.

To the Patient: Please discuss any questions or problems with the Doctor before signing this statement of policy. I have read and understand the foregoing.

Date: _____ **Patient / Guardian Signature _____**

I authorize:

1. Use of this form on all of my insurance submissions.
2. Release of information to all my insurance companies.
3. My doctor to act as my agent in helping me obtain payment from my insurance company.
4. Payment direct to my doctor.
5. Use of a copy of this document to be used in the place of the original.

By my signature I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I recognize that Back to Health Chiropractic and Wellness Center is offering me an additional service by filing my insurance claims and waiting for their payment. I am aware that Back to Health Chiropractic reserves the right to revoke this assignment and demand payment for services rendered should difficulties arise in collecting payment from my insurance company or if for any reason my care is discontinued at this office.

Date: _____ **Patient / Guardian Signature _____**