Welcome To Corporate Chiropractic Works!

When a person seeks the services of a chiropractor, it is important to fully understand the purpose and intent of that particular chiropractor and the chiropractic adjustment.

We have one goal, and that is to restore and maintain the health of your spine and nervous system. The vital nerve pathways in your body are located in and protected by the bones of the spine. Misalignments of the vertebrae (bones of the spine) are called subluxations and interfere with the function of the nerves. Subluxations are caused by many of the things you do everyday like falls, traumas, accidents, sports injuries, posture and sleeping positions, etc. and can keep your whole body from functioning properly. We know that the body is always better off without this interference.

The objective of the chiropractic adjustment is to correct subluxations to restore normal nerve function and allow for optimal function in your body. It is not the objective or intention to fix, treat or attempt to cure any physical, mental or emotional ailments or to give advice about any ailments. With a proper nerve supply your whole body is better able to reach its full potential and heal from within.

The information we receive from you is important. We ask only that which is necessary for your care by the chiropractor. Please fill out the new patient form completely and to the best of your ability. If you have any questions or if there is any information you feel we should know, please mention it to the chiropractor.

Corporate Chiropractic Works is a health care model intended to increase access to chiropractic care by offering adjustments for an affordable fee. By doing so, we offer the people of our community the opportunity to receive the care they need, and to get the results they deserve, without the insurance hassles typical in other offices. We believe that the health of our own and our patients' nervous systems is too important to rely upon the business policies of an insurance company. As such, we do not accept assignment as an In-Network Provider for any insurance company. We are happy to provide patients with a specially coded receipt to submit to their insurance provider for reimbursement of Out-of-Network services, and we have designed our fee schedule with a patient-to-provider financial relationship in mind. In fact, the cost of care in our office is frequently closer to (or less than) what you would pay in co-pays with your insurance - except there is no limit on how much care you can receive. We also have a variety of payment plans to make care accessible to everyone. We are not a participating provider in the Medicare program; if you are Medicare-eligible and wish to use your Medicare benefits, please seek care for those services with another provider. We are happy to suggest a referral if you'd like.

I _____, have read the above, understand it fully, and choose to receive chiropractic care on this basis. I also understand that the doctor-patient relationship is between me and my chiropractor, and I willingly choose to accept care on my own accord. I will hold harmless my employer and its shareholders, officers, directors and employees from and against any and all costs, damages, liabilities or claims arising from my chiropractic care.

Patient Name:_____

Signature:_____ Date:_____

Informed Consent to Care

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. 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 an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur 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.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

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.

Patient Name: _____ Signature: _____ Date: _____

Parent or Guardian: _____ Signature:_____ Date: _____

Witness Name: _____ Signature:_____ Date: _____

New Patient Health Questionnaire

Name_____

Address_____

City,State,Zip_____

Home Phone_____

Cell Phone_____

Birthdate_____Age_____Male/Female

Email_____

Employer _____

Occupation_____

Marital Status M W D S # of Children_____

Spouse Name_____

Name of Children

1. Who referred you to our office? _____

2. Have you ever had chiropractic care? ☐ Yes ☐ No
   How long has it been?_____

3. Research shows your spine should be cared for regularly, just like your teeth. How often do you get adjusted by a chiropractor?

   Frequently / only when I hurt / weekly / monthly / never

4. When was your last complete spinal examination?
   _____ ☐ Never

5. Do you know if you have a spinal curvature, spinal arthritis, or inherited spinal problem? ☐ Yes ☐ No

6. Arthritis and degeneration will develop over time when the spine is misaligned. This may result in grinding or cracking to be heard when you move your back or neck. Do you hear these sounds when you move your back or head? ☐ Yes ☐ No

7. If your spine is out of alignment for a long time it can make you feel like you need to stretch, twist, or "pop" your neck or back. Do you feel the need to crack or pop your neck or lower back?
   ☐ Yes ☐ No

8. Poor posture leads to poor health and early death. How would you rate your posture?

   (Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

9. Stress will cause you to accelerate spinal damage.
   Rate your stress level over the last 3 months.

   (Calm) 1 2 3 4 5 6 7 8 9 10 (Very tense)

10. Please circle or list any health symptoms or health complaints you are experiencing.

Neck pain L/R	Arm pain/Numbness L/R
Back Pain L/R	Leg pain L/R
Mid-back pain L/R	Headaches/Migraines
Lower-back pain L/R	Diabetes I/II
Menstrual pain	Asthma
Cancer	Allergies
Thyroid	Contipation

Other_____

_____

_____

11. Prescription medications / chemicals cause side effects, can hide the severity of health problems, and hinder the body's ability to heal. What medications / chemicals are you currently taking? (Use back if necessary).
    1._____
    2._____
    3._____

12. Please list any surgeries or hospitalizations._____

    _____

    _____

13. Daily trauma, auto accidents (even minor fender-benders), and work injuries can cause serious spinal problems.
    When was your most recent injury at home?_____
    When was your last car accident?_____
    When was your last slip or fall?_____

14. Spinal health is vitally important to ensure a healthy pregnancy. Is there a chance you are pregnant? ☐ Yes ☐ No

15. Do you smoke? ☐ Yes ☐ No

16. Improper sleeping positions can cause spinal damage, what sleeping position do you sleep in:

    ☐ Back ☐ Stomach ☐ R Side ☐ L Side

17. Exercise level:
    (Never) 1 2 3 4 5 6 7 8 9 10 (6x a week)
    Type:_____

18. If the doctor identifies your spine to be misaligned, are you committed to follow the recommendations for care?
    ☐ Yes ☐ No

19. What do you hope to achieve through your care here?

    _____

    _____

    _____

***The information above is true and accurate to the best of my knowledge.**

Patient Signature (Parent/Guardian Signature):_____Date_____

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of your care as a patient at **Corporate Chiropractic Works,** we may use or disclose personal and health related information about you in the following ways:

*Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
*Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, inform you of health related meetings, workshops or products and other information that may be of interest to you.

If you are not at home to receive an appointment reminder, a message or text reminder may be left on your answering machine or phone. Further**,** you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

*If we are providing health care services to you based on the orders of another health care provider.
*If we provide health care services to you in an emergency.
*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
*If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.
*If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form, please advise us in writing as to your preferences.

We are required by state and federal law to maintain the privacy of your patient file and to protect the health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply to all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: don@corporatechiroworks.com.

If you would like further information about our privacy policies and practices, please contact: don@corporatechiroworks.com

This office utilizes an **"open-adjusting"** environment for ongoing patient care. "Open adjusting" involves several patients being seen in the same room at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patient's and staff. This environment is used for ongoing care and this is NOT the environment used for taking patient histories, providing examinations or presenting reports of findings. These procedures are completed in a private and confidential setting. The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open-adjusting environment, other arrangements will be made for you.

The use of this information is intended to make your experience with our office more efficient, productive, and to further enhance your access to quality Chiropractic care.

This notice is effective as of July 1, 2015. This notice and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

_____ _____ _____

Name (Please Print) Signature Date

If you are a minor, or, if you are being represented by another party:

_____ _____ _____

Personal Representative (Print) Personal Representative's Signature Date

_____

Description of the authority to act on behalf of the patient.