

**BAYSHORE CHIROPRACTIC  
PATIENT INFORMATION:**

Last:\_\_\_\_\_ First:\_\_\_\_\_ MI:\_\_\_\_\_

Birth Date: / / Sex:\_\_\_\_\_ Marital Status:\_\_\_\_\_

Social Sec #: - - (Necessary for insurance)

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone: ( ) - Cell Phone: ( ) -

Email:\_\_\_\_\_

How did you hear about us:\_\_\_\_\_

Emergency Contact: Phone: ( ) - Relationship:

**HEALTH HISTORY:**

What caused today's pain:

- ( ) Fall            ( ) Exercise            ( ) Driving            ( ) Sitting            ( ) Unknown
- ( ) Accident    ( ) Chores            ( ) Overuse            ( ) Sleeping            ( ) Pregnancy
- ( ) Yardwork    ( ) Work Duties      ( ) School            ( ) Computer            ( )

Has been ongoing for:

( ) [insert the number and circle the time frame] days / weeks / months / years / can not remember

Have you been treated by a chiropractor before: Yes / No

If Yes, When and for what condition: / / for:

Have you seeked any other treatment for this condition: Yes / No

If Yes, When and Name and title: / / Name: Title:

How old is your mattress: 1-2 years 3-4 years 5-6 years 7-8 years 9-10 years Over 10 years

Which way do you sleep more often: Back / L side / R side / Stomach

For work do you mostly: Stand / Walk / Sit / Mix

What kind of computer do you use: Laptop / Desktop / Multiple monitors / None

Please list any serious injuries, major surgeries and treatments you have had:

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Please list any other current/ongoing/chronic illnesses:

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Pain/Discomfort RIGHT NOW:

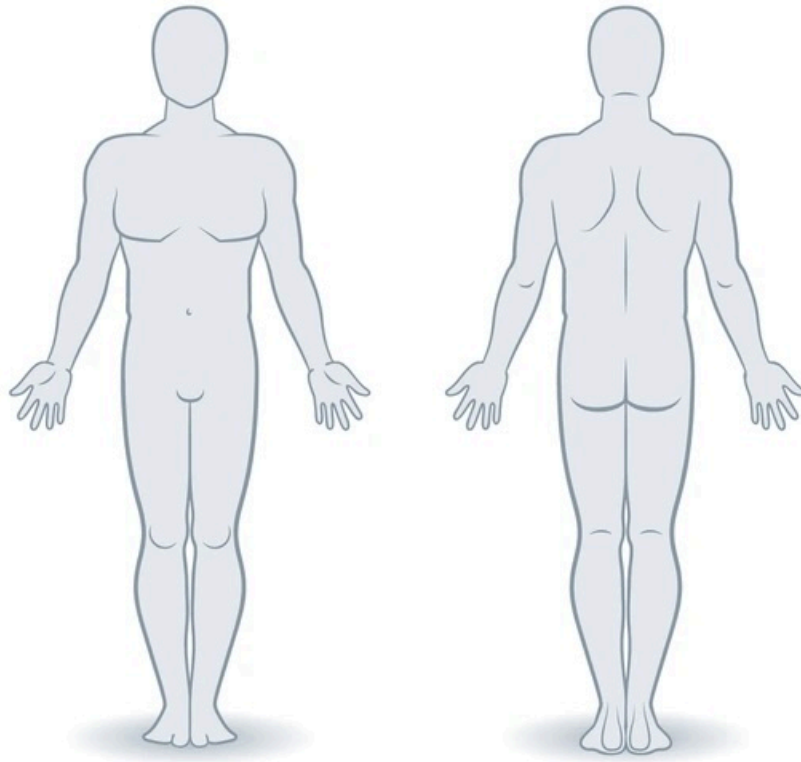
HEADACHE	0	1	2	3	4	5	6	7	8	9	10
NECK	0	1	2	3	4	5	6	7	8	9	10
UPPER B	0	1	2	3	4	5	6	7	8	9	10
LOWER B	0	1	2	3	4	5	6	7	8	9	10

Pain/Discomfort AT ITS WORST:

HEADACHE	0	1	2	3	4	5	6	7	8	9	10
NECK	0	1	2	3	4	5	6	7	8	9	10
UPPER	0	1	2	3	4	5	6	7	8	9	10
LOWER	0	1	2	3	4	5	6	7	8	9	10

SHOULDER (R) / (L)	0	1	2	3	4	5	6	7	8	9	10
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KNEE	0	1	2	3	4	5	6	7	8	9	10
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(R) / (L)

Signature Patient/Parent/Guardian: \_\_\_\_\_ Date: / /

## **BAYSHORE CHIROPRACTIC INFORMED CONSENT:**

Every type of health care is associated with some risks of potential problems. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a mechanical device or machine. Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated. In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, x-rays, physical therapy application, traction, massage therapy, exercise instruction, Class IV laser, spinal decompression, etc. Occasionally when your doctor is unavailable, another clinic doctor will treat you on that day.

**Neck Artery Dissection and Stroke:** Dissection is when the lining of a neck artery breaks down. This might happen spontaneously or from an injury or from a trivial movement (hair shampooing, checking traffic, looking up, etc.). Dissections tend to cause neck pain and/or headache. Dissections may form a clot that can dislodge and interfere with blood flow. If that happens, it is called a stroke. Stroke means that a portion of the brain or spinal cord does not receive enough oxygen from the bloodstream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. Recent evidence suggests that it is not (2008, 2015, 2016, 2019), although the same evidence often suggests that the patient may be entering the chiropractic office for neck pain/headaches or other symptoms that may in fact be a spontaneous dissection of a neck artery. There are no in-the-office tests to diagnose a spontaneous neck artery dissection (2020), but they might be detectable with advanced imaging (CT/MRI, etc.). If we think you may be suffering from a spontaneous neck artery dissection and/or associated stroke, you will be immediately referred to emergency services. Anecdotal cases suggest that chiropractic adjustments may be associated with dissection and/or stroke that arise from the vertebral artery; this is because the vertebral artery is located inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called the "extension-rotation-thrust atlas adjustment." We do not do this type adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of stroke ranges between 1 per every 400,000- 3,000,000 neck adjustments. If you experience any of the "5 D's And 3 N's" before, during or after an adjustment, tell us immediately, and if we can't be reached, go to the emergency department immediately. Two other potential problems that are not quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury, and spinal dural tear resulting in a leak of cerebrospinal fluid.

**Disc Herniation:** Both neck and back disc herniations may create pressure on the spinal nerve or on the spinal cord. They are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. Occasionally chiropractic treatment (adjustments, traction, etc.) may aggravate a disc/nerve problem and rarely surgery may become necessary for correction.

**Cauda Equina Syndrome:** Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, or leaky bowels, or loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability to start/stop urination or to start/stop a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently die, and those functions may be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window to do so may be as short as 12- 72 hours, depending. If you have any of these symptoms, tell us immediately, and if we can't be reached, go to the emergency department immediately.

**Soft Tissue Injury:** Soft tissues primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy, etc., may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long-term effects for the patient.

**Rib and other Fractures:** Rarely a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. We adjust all patients very carefully, and especially those who have known osteoporosis. Other fracture locations are extremely rare but possible, especially in those aged over 65 years and/or on steroid drugs.

**Physical Therapy Burns:** Some of the machines we use generate heat. We also use both heat and ice, and recommend them for home care on occasion. Everyone's skin has different sensitivity to these modalities, and rarely, both heat or ice can burn or irritate the skin. The result is a temporary increase in pain, and there may even be some blistering of the skin. Never put an ice pack directly on the skin, always have an insulating towel between.

**Soreness:** it is common for chiropractic adjustments, traction, massage therapy, exercise, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

**Other Problems:** There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment. Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider whom we feel will assist your situation. Alternatives to chiropractic care include: do nothing, drugs, surgery, acupuncture, massage, etc. Risks from these procedures should be discussed with that particular provider.

I have read and fully understand the above statements and therefore accept care on this basis.

I agree that financial responsibility for my treatment is ultimately my own.

I agree that a fee may be charged if I cancel my appointment less than 24 hours before it begins.

**Patient / Guardian Signature:**

**Printed Name:**

**Date:**

Consent to evaluate and adjust a minor child:

I, the above signed, being the parent or legal guardian of have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

## OFFICE POLICY AND FINANCIAL AGREEMENT

**Billing Insurance:** By giving us a copy of your insurance card, we assume you want Bayshore Chiropractic to bill your health insurance for services rendered at our clinic. If you do not wish to bill insurance, it is your responsibility to let us know prior to your appointment. If your insurance changes or becomes inactive ("term terminates") at any time and you have not notified us, you are responsible for any balances accrued as often pre-authorization is required by your insurance prior to your appointment.

**Benefits Verifications:** As a courtesy to our patients we check your insurance benefits. The insurance information we obtain is given to us by your insurance company and is a quote of benefits and NOT a guarantee of payment or coverage. We do our best to receive correct information, but often are misquoted. If you wish to know your benefits right away or know exactly what you will be responsible for, we encourage you to call the customer service number on the back of your insurance card.

**Benefits Limits:** All insurance visit limits and dollar limits are YOUR responsibility to keep track of and monitor. If dates of service are denied for lack of coverage, denied for medical necessity or denied for going over your allowed visits, you are responsible for the balance.

**Co-Pays:** All co-payments are due at the time of your appointment and will be charged to the card on file if missed at check-in/check-out.

### **Therapy Codes:**

Please note, Chiropractic clinicians perform and bill "therapy" as part of their treatment. These may include: traction, K-Laser therapy, myofascial release, stretching, kinesio-taping, balance training, graston, cupping, active release technique, manual therapy, and therapeutic exercises. You should know that these techniques are specialized and will help you reach your treatment goals. They are NOT part of the Chiropractic "adjustment" benefits. These procedures cost between \$25-\$50 per treatment which MAY/MAY NOT go toward your deductible. These codes may be combined with your physical therapy benefits.

By signing this form, you understand that you are personally and financially responsible for any remaining balances not covered by your insurance company, as well as any charges that incur based on the policies above.

## STATEMENT OF PRIVACY PRACTICES

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights. We are required by federal law to include this notice.

## PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington. This includes issues relating to your treatment, payment, and our chiropractic care operations. Your personal health information will never be otherwise given to anyone- even family members- without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose. Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

## COLLECTING PROTECTED HEALTH INFORMATION

We will only request personal information needed to provide our standard of quality chiropractic care, Implement payment activities, conduct normal chiropractic practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

## DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use our information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards.

## PATIENT RIGHTS

You have a right to request copies of your health care information; to request copies in a variety of formats, and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for your copies the amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services. We thank you for being a patient here. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_