

NEW BALANCE CHIROPRACTIC
10242 16th Ave SW Seattle, WA 98146 – (206) 764-9600

Name _____ Home Phone (____) _____ Male
Address _____ Day/Cell Phone (____) _____ Female
_____ E-mail _____ Single
Birthdate ____/____/____ SSN _____ Occupation _____ Married
Referred by Dr./Patient/Other _____ Other
Employer/School _____ Phone (____) _____
Spouse/Parent's Name _____ Phone (____) _____
Family Emergency Contact _____ Phone (____) _____
Non family Emergency contact _____ Phone (____) _____

CURRENT/PAST HEALTH INFORMATION

Please list your current chief complaints in order of severity (pain, symptoms, etc.) Please complete diagram on the back.

1. _____ onset date _____
2. _____ onset date _____
3. _____ onset date _____

What treatment have you received for your condition Medications Surgery Chiropractic Care
 Physical Therapy Massage Other

List other doctors consulted for these conditions: 1. _____ 2. _____

Briefly describe how, when & where injury occurred: (e.g.: driving; on the job; at home, etc.)

What activities make your condition worse? _____

Have you ever had any surgeries or hospitalizations? _____ If yes, please list: _____

Please list any medical conditions not listed above: _____

Please indicate/list medications you are currently taking: Aspirin/Tylenol Pain killers
 Muscle Relaxers Birth Control Pills Others _____

Have you been involved in an auto accident in the last 12 months? _____ If yes, when? _____

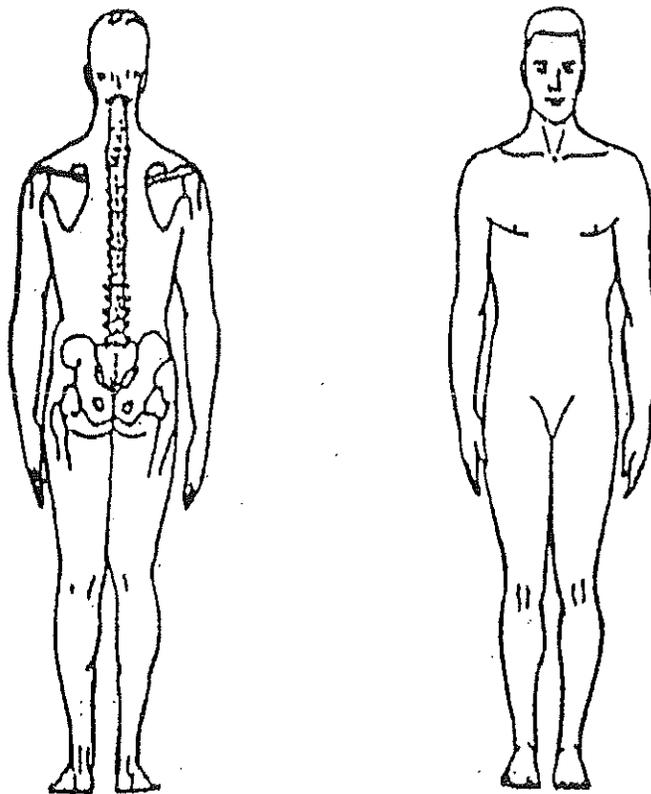
FINANCIAL RESPONSIBILITY

Auto accident Work injury Personal Insurance Self/Cash
Insurance _____ ID /CLAIM _____
Attorney _____ Phone _____

COMPLETE THESE DIAGRAMS

Please circle areas of chief complaint as indicated on the front of this form.

If you are experiencing any health problems, please mark the exact location of your pain. Also describe the type and frequency of your pain. (e.g.: dull, sharp, constant, off and on, when standing, sitting, walking etc.)



NOTICE: NOT ALL PATIENTS REQUIRE X-RAYS TO DETERMINE OR VERIFY A DIAGNOSIS, TYPE AND LENGTH OF TREATMENT. IF YOUR EXAMINATION WARRANTS X-RAY ANALYSIS, THE FOLLOWING OFFICE POLICY PREVAILS:

1. All first visit charges are payable when services are rendered.
2. The fee paid for x-rays is for analysis only. The film itself is the property of this office. Once films are used for the purpose of analysis, they can be temporarily released upon your signed release.

Patient Signature

Date

Parent or Guardian Signature

Date

New Balance Chiropractic

TERMS OF ACCEPTANCE

In the course of chiropractic health care, it is essential for the physician and patient to work towards the same objective. As a patient, you should understand the goal and methods of chiropractic that will be used in order to avoid confusion or disappointment.

Adjustment:

An adjustment is the specific application of forces to facilitate the body's collection of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health:

A state of optimal physical, mental and social well-being, not just the absence of infirmity.

Vertebral Subluxation:

A misalignment of one or more of the 24 vertebra in the spinal column (which causes alteration of nerve function and interference to the transmission of mental impulses), which can impair the body's ability to achieve maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic examination we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

We do not offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my satisfaction. I therefore accept chiropractic care on this basis.

(Signature)

(Date)

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(206) 762-6600

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 New Balance Chiropractic we may use or disclose personal and health related information about you in the following ways:

- Your protected 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 health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of services provided to you.
- 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, or other health related information that may be of interest to you.

You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require the agreement of this office.

If you are not home to receive an appointment reminder or other related information, a message may be left on your answering machine or with a person in your household. ***You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.***

We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

- 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 authorized agency

You have a right to receive an accounting of any such disclosures made by this office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. ***If you provide an authorization for release of information you have the right to revoke that authorization at a later date.***

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.

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 specific 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 the health protected 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 for all of your health information in our files.

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 Christopher V. Hill, D.C.

