

# WELCOME TO NEWMAN FAMILY CHIROPRACTIC

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_

# of Children \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Today's Date \_\_\_\_\_

Age \_\_\_\_\_  Female  Male

Married  Single  Divorced  Widowed

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Phone \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_

E-Mail \_\_\_\_\_

Whom may we thank for referring you to our office?  Friend OR  Doctor \_\_\_\_\_

Building/Sign  Phone Book  Newspaper  Spinal Care Class Offer

Spinal Screening at \_\_\_\_\_  Other

Have you ever had chiropractic care before?  YES  NO If yes, when? \_\_\_\_\_

What do you know about chiropractic? \_\_\_\_\_

What is/are the major problem(s) you would like chiropractic to handle? \_\_\_\_\_

Do you have pain?  YES  NO If yes, grade pain from 1 (slight) – 10 (severe) \_\_\_\_\_

How often do you have this problem? \_\_\_\_\_

What is your interest in handling this problem?  Urgent  Strong  Mild  None

Please list other doctors who have consulted for this condition:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Is there any possibility that you may be pregnant?  YES  NO

Is the injury/illness related to a work/auto accident?  YES  NO

If yes, was it reported to your employer/auto insurance?  YES  NO

Auto Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Auto Insurance Phone # \_\_\_\_\_ Address \_\_\_\_\_

Agent's Name \_\_\_\_\_

Do you have any type of health insurance?  YES  NO

Address \_\_\_\_\_ Policy # \_\_\_\_\_

**Please note you are ultimately responsible for any bills incurred at Newman Family Chiropractic.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of payment you will use for today's charges?  Check  Cash  MasterCard  Visa

NOTICE: Not all patients require x-rays to determine or verify a diagnosis, type of treatment and length of treatment. If your exam warrants a x-ray analysis, the following office policy prevails: (1) All first visit charges are payable when services are rendered. (2) The fee paid for treatment of x-rays is for analysis only. The film itself is the property of this office. Once films are used for treatment purposes, they cannot be released unless requested by another healthcare practitioner.

# NEWMAN FAMILY CHIROPRACTIC

## Health Attitudes

Your attitude about your health is as important to us as the specific reason you've consulted our office. Below are four prevalent health attitudes.

Circle one that most closely reflects your personal values.

### TREATMENT ONLY

I only consult a doctor when I have an ache or pain and discontinue care as soon as it has cleared up.

### PREVENTION

In addition to symptomatic treatments, I consult specialists occasionally to prevent problems from recurring.

### MAINTAINING HEALTH

I'm conscious about my health, diet, exercise, etc. and actively pursue these because I feel better and it maximizes my potential.

### FAMILY HEALTH

I take an active part in assisting, informing, and maintaining health with my family. I'm concerned with the long-term affects of good health.

## THANK YOU!!!

*And, again, we look forward to a healthy relationship with you.*

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Newman Family Chiropractic

## Chiropractic Informed Consent

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic X-rays, on me (or on the patient named below, for whom I am legally responsible) by the licensed doctor of chiropractic who now or in the future work at this clinic.

I have had the opportunity to discuss with the doctor of chiropractic or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely upon the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known to him or her, is in my best interest.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for future condition(s) for which I seek treatment.

Patient Printed Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

# NEWMAN FAMILY CHIROPRACTIC

## Professional Fee Schedule

Consultation .....	\$45 - \$125
Chiropractic Examinations .....	\$75 - \$225
Chiropractic Adjustment.....	\$50 - \$65
Chiropractic X-Ray Studies.....	\$51- \$182
Additional Therapeutic Services can be provided.....	\$33 - \$62

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We offer several methods of payment for your chiropractic care at our office. Please read carefully and **check** a plan below that best fit your personal needs. Our main concern is your health and well-being, and we will do our best to help you!

**PLAN # 1 GROUP OR PRIVATE INSURANCE**

Most insurance companies have some chiropractic inclusion. As a courtesy for our patients, once you provide us with the completed necessary insurance information and verification of coverage has been established, we will bill the insurance for you. It is our office policy to collect payment from you until all insurance information is verified.

**PLAN # 2 CASH**

Fees are to be paid at the time services are rendered. Payment plans are available for all patients.

**PLAN # 3 MEDICARE**

Medicare Part B (Medical Insurance) covers manual manipulation of the spine if medically necessary to correct a subluxation when provided by a chiropractor. However, Medicare will not cover examinations and/or x-rays provided by a chiropractor.

**PLAN # 4 PERSONAL INJURY**

If involved in an accident a copy of the accident reports is required. Additionally, we will need a copy of your auto insurance and health insurance and all other parties involved. If you have an attorney or need an attorney please let us know.

Patient's Name \_\_\_\_\_ Patient's Initials \_\_\_\_\_