

JUBILEE FAMILY CHIROPRACTIC HEALTH PROFILE

Name _____ Today's Date ____/____/____ Male / Female

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Cell Phone Provider _____

Email Address _____ Age _____ Birth Date ____/____/____

Occupation _____ Employer's Name _____

Single / Married / Divorced / Widowed Spouse's Name _____

Number of Children _____ Names, Ages & Gender _____

Who may we thank for referring you? _____

LIST YOUR HEALTH CONCERNS BELOW

Health Concerns: List according to severity	Rate of Severity 1 = mild 10 = unbearable	When did this episode start?	If you had the condition before, when?	Did the problem begin with an injury?	Are symptoms constant or intermittent?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

HAVE YOU EVER SEEN OTHER DOCTORS FOR THESE CONDITIONS? YES / NO

CHIROPRACTOR? _____ MEDICAL DOCTOR? _____ OTHER _____

WHO AND WHEN? _____

CIRCLE ALL CURRENT PROBLEMS YOU HAVE

DIZZINESS	THROAT ISSUES	KIDNEY PROBLEMS	LIVER DISEASE	NERVOUSNESS
HEADACHES	THYROID PROBLEMS	MID BACK PAIN	SHOULDER PAIN	EPILEPSY
VERTIGO	ASTHMA	IRRITABLE BOWEL	CHRONIC FATIGUE	DISC PROBLEM
EAR INFECTIONS	ULCERS	SCIATICA	LUPUS	INFERTILITY
NAUSEA	NUMBNESS IN ARMS	NUMBNESS IN LEGS	FIBROMYALGIA	SLEEP ISSUES
TMJ	NUMBNESS IN HANDS	NUMBNESS IN FEET	CHEST PAIN	
NECK PAIN	MENSTRUAL DISORDER	LOW BACK PAIN	ARM PAIN	OTHER _____
MIGRAINES	HEART DISORDERS	HIP PAIN	ADD/ADHD	_____
ANXIETY	STOMACH DISORDERS	LEG PAINS	GASTRIC REFLUX	_____
CHRONIC SINUS	BLADDER PROBLEMS	KNEE PAIN	CARPAL TUNNEL	_____

JUBILEE FAMILY CHIROPRACTIC HEALTH PROFILE

LIST ALL SURGICAL OPERATIONS AND YEARS _____

LIST ALL Over the Counter & PRESCRIPTION MEDICATIONS YOU ARE ON:

DATE OF LAST AUTO ACCIDENT _____ FENDER BENDER/T-BONE/HEAD ON/VEHICLE ROLLED

HAVE YOU HAD PREVIOUS CHIROPRACTIC CARE? YES / NO

IF YOU HAVE, DR. & DATE _____

HAVE YOU EVER BEEN KNOCKED UNCONSCIOUS? YES / NO FRACTURED A BONE? YES / NO

IF YES, PLEASE DESCRIBE _____

OTHER TRAUMA: _____

CIRCLE ANY CONDITION YOU HAVE NOW/ HAVE HAD: N/A if never had

STROKE CANCER HEART DISEASE SPINAL SURGERY SEIZURES SPINAL BONE FRACTURE SCOLIOSIS DIABETES

List Your Current Health Goals Below

<u>Health Goal</u>	<u>Date to Accomplish</u>	<u>Significance to Your Life</u>
Ex1. Reduce Migraine Headaches	6/17	Vacation to Italy without daily migraines & play with grandkids without pain
Ex2. Lower Blood Pressure	8/30	Reduce the amount of medication in my body and the stress on my heart
1. _____	_____	_____ _____ _____
2. _____	_____	_____ _____ _____

MINOR CHILD CONSENT FORM

IF THIS HEALTH PROFILE IS FOR A MINOR/CHILD (defined by anyone under the age of 18 years old unless legally emancipated), PLEASE FILL OUT AND SIGN BELOW

NAME OF PRACTICE MEMBER WHO IS A MINOR/CHILD _____

I AUTHORIZE DR. LISA WILLIAMS AND JUBILEE FAMILY CHIROPRACTIC STAFF TO PERFORM DIAGNOSTIC PROCEDURES, RADIOGRAPHIC EVALUATIONS, RENDER CHIROPRACTIC CARE AND PERFORM CHIROPRACTIC ADJUSTMENTS TO MY MINOR/CHILD.

AS OF THIS DATE, I HAVE THE LEGAL RIGHT TO SELECT AND AUTHORIZE HEALTH CARE SERVICES FOR MY MINOR/CHILD. IF MY AUTHORITY TO SELECT AND AUTHORIZE CARE IS REVOKED OR ALTERED, I WILL IMMEDIATELY NOTIFY JUBILEE FAMILY CHIROPRACTIC.

DATE

GUARDIAN SIGNATURE

WITNESS SIGNATURE

GUARDIAN'S RELATIONSHIP TO MINOR / CHILD

X-RAY AUTHORIZATION

AS YOUR HEALTHCARE PROVIDER, WE ARE LEGALLY RESPONSIBLE FOR YOUR CHIROPRACTIC RECORDS. WE MUST MAINTAIN A RECORD OF YOUR X-RAYS IN OUR FILES.

AT YOUR REQUEST, WE WILL PROVIDE YOU WITH A COPY OF YOUR X-RAYS IN OUR FILES.

THE FEE FOR COPYING YOUR X-RAYS ON A DISC IS \$15.00. THIS FEE MUST BE PAID IN ADVANCE.

DIGITAL X-RAYS ON CD WILL BE AVAILABLE WITHIN 72 HOURS OF PREPAYMENT ON ANY REGULAR PRACTICE HOURS DAY.

PLEASE NOTE: X-RAYS ARE UTILIZED IN THIS OFFICE TO HELP LOCATE AND ANALYZE **VERTEBRAL SUBLUXATIONS.**

THESE X-RAYS ARE NOT USED TO INVESTIGATE FOR MEDICAL PATHOLOGY. THE DOCTORS OF JUBILEE FAMILY CHIROPRACTIC DO NOT DIAGNOSE OR TREAT MEDICAL CONDITIONS; HOWEVER, IF ANY ABNORMALITIES ARE FOUND, WE WILL BRING IT TO YOUR ATTENTION SO THAT YOU CAN SEEK PROPER MEDICAL ADVICE.

BY SIGNING BELOW YOU ARE AGREEING TO THE ABOVE TERMS AND CONDITIONS.

PRINT YOUR NAME HERE

SIGNATURE

DATE

FEMALE PATIENTS ONLY: TO THE BEST OF MY KNOWLEDGE, I BELIEVE I AM NOT PREGNANT
AT THE TIME X-RAYS ARE TAKEN AT JUBILEE FAMILY CHIROPRACTIC.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE • DO NOT WRITE BELOW THIS LINE • DO NOT WRITE BELOW THIS LINE

Sex: M F

<input type="checkbox"/> Lat Cervical <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>10-11</td> <td><input type="checkbox"/>78</td> <td><input type="checkbox"/>1/24</td> <td>12.5</td> </tr> <tr> <td><input type="checkbox"/>12-13</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/20</td> <td>15</td> </tr> <tr> <td><input type="checkbox"/>14-15</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/15</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/>16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/10</td> <td>30</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>2/15</td> <td>40</td> </tr> </tbody> </table> <p>MA 300 Size 8x10</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 10-11	<input type="checkbox"/> 78	<input type="checkbox"/> 1/24	12.5	<input type="checkbox"/> 12-13	<input type="checkbox"/>	<input type="checkbox"/> 1/20	15	<input type="checkbox"/> 14-15	<input type="checkbox"/>	<input type="checkbox"/> 1/15	20	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30			<input type="checkbox"/> 2/15	40	<input type="checkbox"/> Flex/Ext <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>14-15</td> <td><input type="checkbox"/>70</td> <td><input type="checkbox"/>1/10</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/>16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/15</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/>18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/20</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>22-23</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>MA 300 Size 8x10</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 22-23	<input type="checkbox"/>			<input type="checkbox"/> Lower Cervical <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>14-15</td> <td><input type="checkbox"/>70</td> <td><input type="checkbox"/>1/10</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/>16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/15</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/>18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/20</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>22-23</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>MA 300 Size 8x10</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 22-23	<input type="checkbox"/>			<input type="checkbox"/> Lateral Thoracic <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>22-23</td> <td><input type="checkbox"/>80</td> <td><input type="checkbox"/>1/15</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/>24-25</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/10</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/>26-27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/15</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>28-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>30-31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/4</td> <td>75</td> </tr> <tr> <td><input type="checkbox"/>32-33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/10</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/>34-35</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/5</td> <td>120</td> </tr> <tr> <td><input type="checkbox"/>36-37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/2</td> <td>150</td> </tr> </tbody> </table> <p>MA 300 Size 14x17</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 22-23	<input type="checkbox"/> 80	<input type="checkbox"/> 1/15	20	<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30	<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40	<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75	<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90	<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 1/2	150	<input type="checkbox"/> A-P Thoracic <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>16-17</td> <td><input type="checkbox"/>75</td> <td><input type="checkbox"/>1/20</td> <td>17</td> </tr> <tr> <td><input type="checkbox"/>18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/15</td> <td>22</td> </tr> <tr> <td><input type="checkbox"/>20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/10</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/>22-23</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/15</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>24-25</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>26-27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/4</td> <td>75</td> </tr> <tr> <td><input type="checkbox"/>28-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/10</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/>30-31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/5</td> <td>120</td> </tr> </tbody> </table> <p>MA 300 Size 14x17</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 16-17	<input type="checkbox"/> 75	<input type="checkbox"/> 1/20	17	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 1/15	22	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30	<input type="checkbox"/> 22-23	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40	<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75	<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90	<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 10-11	<input type="checkbox"/> 78	<input type="checkbox"/> 1/24	12.5																																																																																																																																																	
<input type="checkbox"/> 12-13	<input type="checkbox"/>	<input type="checkbox"/> 1/20	15																																																																																																																																																	
<input type="checkbox"/> 14-15	<input type="checkbox"/>	<input type="checkbox"/> 1/15	20																																																																																																																																																	
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30																																																																																																																																																	
		<input type="checkbox"/> 2/15	40																																																																																																																																																	
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20																																																																																																																																																	
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30																																																																																																																																																	
<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40																																																																																																																																																	
<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																	
<input type="checkbox"/> 22-23	<input type="checkbox"/>																																																																																																																																																			
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20																																																																																																																																																	
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30																																																																																																																																																	
<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40																																																																																																																																																	
<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																	
<input type="checkbox"/> 22-23	<input type="checkbox"/>																																																																																																																																																			
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 22-23	<input type="checkbox"/> 80	<input type="checkbox"/> 1/15	20																																																																																																																																																	
<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30																																																																																																																																																	
<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40																																																																																																																																																	
<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																	
<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75																																																																																																																																																	
<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90																																																																																																																																																	
<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120																																																																																																																																																	
<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 1/2	150																																																																																																																																																	
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 16-17	<input type="checkbox"/> 75	<input type="checkbox"/> 1/20	17																																																																																																																																																	
<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 1/15	22																																																																																																																																																	
<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30																																																																																																																																																	
<input type="checkbox"/> 22-23	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40																																																																																																																																																	
<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																	
<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75																																																																																																																																																	
<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90																																																																																																																																																	
<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120																																																																																																																																																	
<input type="checkbox"/> APOM <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>14-15</td> <td><input type="checkbox"/>70</td> <td><input type="checkbox"/>1/10</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/>16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/15</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/>18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/20</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>22-23</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>MA 300 Size 8x10</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 22-23	<input type="checkbox"/>			Other View _____ CM _____ Kvp _____ MAS _____ MA _____ Size _____	<input type="checkbox"/> Lateral Lumbar <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>26-27</td> <td><input type="checkbox"/>88</td> <td><input type="checkbox"/>2/10</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/>28-29</td> <td><input type="checkbox"/>90</td> <td><input type="checkbox"/>1/4</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>30-31</td> <td><input type="checkbox"/>92</td> <td><input type="checkbox"/>3/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>32-33</td> <td><input type="checkbox"/>94</td> <td><input type="checkbox"/>2/5</td> <td>70</td> </tr> <tr> <td><input type="checkbox"/>34-35</td> <td><input type="checkbox"/>96</td> <td><input type="checkbox"/>1/2</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/>36-37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/5</td> <td>120</td> </tr> <tr> <td><input type="checkbox"/>38-39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>4/5</td> <td>160</td> </tr> <tr> <td><input type="checkbox"/>40-41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1</td> <td>200</td> </tr> <tr> <td><input type="checkbox"/>42-43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1 1/2</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>2</td> <td></td> </tr> </tbody> </table> <p>MA 200 Size 14x17</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 26-27	<input type="checkbox"/> 88	<input type="checkbox"/> 2/10	30	<input type="checkbox"/> 28-29	<input type="checkbox"/> 90	<input type="checkbox"/> 1/4	40	<input type="checkbox"/> 30-31	<input type="checkbox"/> 92	<input type="checkbox"/> 3/10	50	<input type="checkbox"/> 32-33	<input type="checkbox"/> 94	<input type="checkbox"/> 2/5	70	<input type="checkbox"/> 34-35	<input type="checkbox"/> 96	<input type="checkbox"/> 1/2	90	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	120	<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5	160	<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1	200	<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2				<input type="checkbox"/> 2		<input type="checkbox"/> A-P Lumbar <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>20-21</td> <td><input type="checkbox"/>76</td> <td><input type="checkbox"/>1/15</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/>22-23</td> <td><input type="checkbox"/>78</td> <td><input type="checkbox"/>1/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/>24-25</td> <td><input type="checkbox"/>80</td> <td><input type="checkbox"/>2/15</td> <td>75</td> </tr> <tr> <td><input type="checkbox"/>26-27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/10</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/>28-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/4</td> <td>120</td> </tr> <tr> <td><input type="checkbox"/>30-31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/10</td> <td>150</td> </tr> <tr> <td><input type="checkbox"/>32-33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>2/5</td> <td>120</td> </tr> <tr> <td><input type="checkbox"/>34-35</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1/2</td> <td>170</td> </tr> <tr> <td><input type="checkbox"/>36-37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>3/5</td> <td>210</td> </tr> <tr> <td><input type="checkbox"/>38-39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>4/5</td> <td></td> </tr> <tr> <td><input type="checkbox"/>40-41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1</td> <td></td> </tr> <tr> <td><input type="checkbox"/>42-43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/>1 1/2</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>2</td> <td></td> </tr> </tbody> </table> <p>MA 300 Size 14x17</p>	CM	Kvp	Time	MAS	<input type="checkbox"/> 20-21	<input type="checkbox"/> 76	<input type="checkbox"/> 1/15	40	<input type="checkbox"/> 22-23	<input type="checkbox"/> 78	<input type="checkbox"/> 1/10	50	<input type="checkbox"/> 24-25	<input type="checkbox"/> 80	<input type="checkbox"/> 2/15	75	<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/10	90	<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 1/4	120	<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 3/10	150	<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120	<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 1/2	170	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	210	<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5		<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1		<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2				<input type="checkbox"/> 2																						
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20																																																																																																																																																	
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30																																																																																																																																																	
<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40																																																																																																																																																	
<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																	
<input type="checkbox"/> 22-23	<input type="checkbox"/>																																																																																																																																																			
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 26-27	<input type="checkbox"/> 88	<input type="checkbox"/> 2/10	30																																																																																																																																																	
<input type="checkbox"/> 28-29	<input type="checkbox"/> 90	<input type="checkbox"/> 1/4	40																																																																																																																																																	
<input type="checkbox"/> 30-31	<input type="checkbox"/> 92	<input type="checkbox"/> 3/10	50																																																																																																																																																	
<input type="checkbox"/> 32-33	<input type="checkbox"/> 94	<input type="checkbox"/> 2/5	70																																																																																																																																																	
<input type="checkbox"/> 34-35	<input type="checkbox"/> 96	<input type="checkbox"/> 1/2	90																																																																																																																																																	
<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	120																																																																																																																																																	
<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5	160																																																																																																																																																	
<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1	200																																																																																																																																																	
<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2																																																																																																																																																		
		<input type="checkbox"/> 2																																																																																																																																																		
CM	Kvp	Time	MAS																																																																																																																																																	
<input type="checkbox"/> 20-21	<input type="checkbox"/> 76	<input type="checkbox"/> 1/15	40																																																																																																																																																	
<input type="checkbox"/> 22-23	<input type="checkbox"/> 78	<input type="checkbox"/> 1/10	50																																																																																																																																																	
<input type="checkbox"/> 24-25	<input type="checkbox"/> 80	<input type="checkbox"/> 2/15	75																																																																																																																																																	
<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/10	90																																																																																																																																																	
<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 1/4	120																																																																																																																																																	
<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 3/10	150																																																																																																																																																	
<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120																																																																																																																																																	
<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 1/2	170																																																																																																																																																	
<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	210																																																																																																																																																	
<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5																																																																																																																																																		
<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1																																																																																																																																																		
<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2																																																																																																																																																		
		<input type="checkbox"/> 2																																																																																																																																																		
Notes: _____ _____ _____ _____ _____ _____ _____	<p>JFC Initials:</p> <p>_____</p>																																																																																																																																																			

Terms of Acceptance

In order to provide for the most effective healing environment, most effective application of chiropractic procedures, and the strongest possible doctor-patient relationship, it is our wish to provide each patient with a set of parameters and declarations that will facilitate the goal of optimum health through chiropractic.

To that end, we ask that you acknowledge the following point regarding chiropractic care and the services that are offered through this clinic:

- A. Chiropractic is a very specific science, authorized by law to address spinal health concerns and needs. Chiropractic is a separate and distinct science, art and practice. It is not the practice of medicine.
- B. Chiropractic seeks to maximize the inherent healing power of the human body by restoring normal nerve functions through the adjustment of spinal subluxation(s). Subluxations are deviations from normal spinal structures and configurations that interfere with normal nerve processes.
- C. The chiropractic adjustment process, as defined in the law of this jurisdiction, involves the application of a specific directional force through either a manual thrust or instrument assisted procedure to a region or regions of the spine with the specific intent of re-positioning misaligned spinal segments. This is a safe, effective procedure applied over one million times each day doctors of chiropractic in the United States alone.
- D. A thorough chiropractic examination and evaluation is part of the standard chiropractic procedure. The goal of this process is to identify any spinal health problems and chiropractic needs. If during this process, any condition or question outside the scope of chiropractic is identified, you will receive a prompt referral to an appropriate provider or specialist, according to the initial indications of the need.
- E. Chiropractic does not seek to replace or compete with your medical, dental or other type(s) of health professionals. They retain responsibility for care and management of medical conditions. We do not offer advice regarding treatment prescribed by others.
- F. Your compliance with care plans, home and self-care, etc., is essential to maximum healing and optimal health through chiropractic
- G. We invite you to speak frankly to the doctor on any matter related to your care at this facility, its nature, duration, or cost, in what we work to maintain as a supporting, open environment.

By my signature below, I have read and fully understand the above statements.

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)

Notice of Privacy Practices Acknowledgement

I understand that I have certain rights of privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

1. Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal healthcare operations, such as quality assessments and physicians certifications.

I acknowledge that I may request your NOTICE OF PRIVACY PRACTICES containing a more complete description of the uses and disclosures of my health information. I also understand that I may request, in writing, that you restrict how my private information is used to disclosed to carry out treatment, payment, or healthcare operation. I also understand you are not required to agree to my requested restrictions, but if you agree, then you are bound to abide by such restrictions.

(Signature)

(Date)

INFORMED CONSENT FOR CHIROPRACTIC CARE

CHIROPRACTIC CARE, LIKE ALL FORMS OF HEALTH CARE WHILE OFFERING CONSIDERABLE BENEFITS MAY ALSO PROVIDE SOME LEVEL OF RISK. THIS LEVEL OF RISK IS MOST OFTEN VERY MINIMAL, YET IN RARE CASES, INJURY HAS BEEN ASSOCIATED WITH CHIROPRACTIC CARE. THE TYPES OF COMPLICATIONS THAT HAVE BEEN REPORTED SECONDARY TO CHIROPRACTIC CARE INCLUDE: SPRAIN/STRAIN INJURIES, IRRITATION OF A DISC CONDITION, AND RARELY, FRACTURES. ONE OF THE RAREST COMPLICATIONS ASSOCIATED WITH CHIROPRACTIC CARE OCCURRING AT A RATE BETWEEN ONE INSTANCE PER ONE MILLION TO ONE PER TWO MILLION CERVICAL SPINE (NECK) ADJUSTMENTS MAY BE A VERTEBRAL INJURY THAT COULD LEAD TO A STROKE.

PRIOR TO RECEIVING CHIROPRACTIC CARE IN THIS CHIROPRACTIC OFFICE, A HEALTH HISTORY AND PHYSICAL EXAMINATION WILL BE COMPLETED. THESE PROCEDURES ARE PERFORMED TO ASSESS YOUR SPECIFIC CONDITIONS, YOUR OVERALL HEALTH AND IN PARTICULAR YOUR SPINAL HEALTH. THESE PROCEDURES WILL ASSIST US IN DETERMINING IF CHIROPRACTIC CARE IS NEEDED, OR IF ANY FURTHER EXAMINATIONS OR STUDIES ARE NEEDED. IN ADDITION, THEY WILL HELP US DETERMINE IF THERE IS ANY REASON TO MODIFY YOUR CARE OR PROVIDE YOU WITH A REFERRAL TO ANOTHER HEALTH CARE PROVIDER. ALL RELEVANT FINDINGS WILL BE REPORTED TO YOU ALONG WITH A CARE PLAN PRIOR TO BEGINNING CARE.

I UNDERSTAND AND ACCEPT THAT THERE ARE RISKS ASSOCIATED WITH CHIROPRACTIC CARE AND GIVE CONSENT TO THE EXAMINATION THAT THE DOCTOR DEEMS NECESSARY AND THE CHIROPRACTIC CARE, INCLUDING SPINAL ADJUSTMENTS, AS REPORTED FOLLOWING MY ASSESSMENT.

PRINT PRACTICE MEMBER'S NAME HERE

PRACTICE MEMBER'S SIGNATURE

DATE

IF PRACTICE MEMBER IS A MINOR/CHILD, PARENT OR GUARDIAN MUST SIGN BELOW.

SIGNATURE OF PRACTICE MEMBER OR GUARDIAN

DATE

RELATIONSHIP TO MINOR/CHILD

WITNESS SIGNATURE (OFFICE STAFF)

DATE

FAMILY HEALTH HISTORY

THIS FORM IS TO ASSIST THE DOCTORS BY PROVIDING PAST HEALTH HISTORY INFORMATION FOR THEIR REVIEW.

Spouse's Name _____ Parent's Name(s) _____
 Child 1's Name _____ Child 2's Name _____
 Child 3's Name _____ Child 4's Name _____

CONDITION	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4	MOTHER	FATHER
ARM PAIN							
ARTHRITIS							
ASTHMA							
ADD/ADHD							
ALLERGIES							
BACK TROUBLE							
BED WETTING							
CANCER							
CARPAL TUNNEL							
DECEASED							
DIABETES							
DIGESTIVE PROBLEMS							
DISC PROBLEMS							
EAR INFECTIONS							
FIBROMYALGIA							
HEADACHES							
HEARTBURN							
HIGH BLOOD PRESSURE							
HIP PAIN							
LEG PAIN							
MENSTRUAL DISORDER							
MIGRAINES							
NECK PAIN							
SCOLIOSIS							
SHOULDER PAIN							
SINUS TROUBLE							
TMJ							

DATE

PLEASE PRINT YOUR NAME HERE