PATIENT WELCOME & ACKNOWLEDGMENT

Dr. Joshua Ebert

(509) 315-8758 | myspokanechiro.com

Welcome to 180 Chiropractic

Please read about our approach to chiropractic care and sign the acknowledgment below.

01 OUR CHIROPRACTIC APPROACH

When a person seeks care from a new chiropractor, it is important to understand the objectives and approach of that chiropractor. At 180 Chiropractic, our primary goal is to enhance or maintain the integrity of the spine and the nerves it houses. These vital nerve pathways are located in and protected by the individual bones of the spine.

Misalignments of the vertebrae (bones of the spine) that interfere with the function of these pathways are called vertebral subluxations. Subluxations may be associated with activities and stresses of everyday life. Our purpose is to address these subluxations to support the body's optimal function. We believe your body functions best when its parts are moving and working as intended.

02 PATIENT ACKNOWLEDGMENT

By signing below, I acknowledge that I have read and understand the chiropractic approach described above and would like to receive care at 180 Chiropractic.

Patient printed name

Patient / guardian signature

Date

NEW PATIENT PAPERWORK
Dr. Joshua Ebert
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Patient information

Please complete all applicable fields. You may type into this PDF or print and write clearly.

01 ABOUT YOU

Full name

Birth date

Age

Height

Weight

Sex

Race

Marital status (M / S / D / W)

Spouse's name

Children

02 CONTACT INFORMATION

Street address, city, state and ZIP code

Cell phone

Home phone

Work phone

Email address

03 WORK & CARE TEAM

Occupation

How long?

Employer

Medical doctor

Referred by

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Health history

Check the symptoms you have noticed. Use additional paper if you need more space.

Patient name

Previous chiropractic care

04 YOUR CURRENT CONCERN

Main concern

How long? / Constant?

How did it occur?

What relieves it?

CURRENT PROBLEM SEVERITY (TODAY) Mark an "X" on the scale for your main concern.

Very mild — Moderate — Severe

1 2 3 4 5 6 7 8 9 10

- [ ] Headache
- [ ] Dizziness / faintness
- [ ] Eye / vision problems
- [ ] Cold feet
- [ ] Neck pain / stiffness
- [ ] Loss of smell
- [ ] Arm / shoulder pain
- [ ] Chest / rib pain
- [ ] Upper back pain
- [ ] Loss of taste
- [ ] Pins / needles in arms
- [ ] Breathing problems
- [ ] Low back pain
- [ ] Sleeping problems
- [ ] Finger numbness
- [ ] Coughing
- [ ] Pressure in head
- [ ] Fever / chills
- [ ] Cold hands
- [ ] Stomach upset
- [ ] Loss of balance
- [ ] Fatigue / depression
- [ ] Leg / hip pain
- [ ] Bowel problems
- [ ] Earache / ringing
- [ ] Nervousness
- [ ] Pins / needles in toes
- [ ] Indigestion
- [ ] Irritability
- [ ] Stress / tension
- [ ] Numbness in toes
- [ ] Urination problems

Other symptoms

Other doctors seen for this condition

Medications you are taking

Family history - check any:

- [ ] Heart disease
- [ ] Diabetes
- [ ] Arthritis
- [ ] Cancer
- [ ] Back problems

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Additional health history

Please complete the history below and sign to confirm your information.

05 ADDITIONAL HEALTH HISTORY

Accidents: automobile, work, recreation or childhood; include dates, injuries and treatment

Operations / surgeries (type and date)

X-rays (date, location, body area and findings)

Enter Yes or No for each health question:

Smoke?

Drink alcohol?

Balanced diet?

Sleep 6-8 hrs?

Daily exercise?

Additional history or details about accidents, surgery, imaging or medications

Patient / guardian signature (sign by hand)

Date

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Informed consent

Please review the consent below and complete the acknowledgment.

06 INFORMED CONSENT

Clinic: 180° Chiropractic Wellness Center, LLC | Doctor: Dr. Joshua Ebert

At this office, our goal is simple! Our main purpose is to locate, analyze and correct vertebral subluxations for health, wellness and maintenance care.

I understand that chiropractic care is given to correct misalignments of the spine called SUBLUXATIONS. One of the benefits of a chiropractic adjustment is that you MAY feel better but this is not the GOAL of an adjustment. The goal of an adjustment is to correct SUBLUXATIONS, thereby removing possible interference to the nervous system allowing the body to heal itself. As a result, WE DO NOT TREAT PAIN/ DISEASE AND/OR MEDICAL NECESSITY; we remove subluxations so that the body is able to function properly and be better enabled to heal itself.

I will use my hands or a mechanical instrument upon your body in such a way as to move your joints. This procedure is referred to as" Spinal Adjustment." As the joints in your spine are moved, you may experience a "pop" sound as part of the process. This is said to be built up pressure in the joint being released similar to popping your knuckles.

There are certain side effects that can occur as a result of a spinal manipulation. These include, but are not limited to: dizziness, nausea, muscle strain and swelling. In rare cases, complications include disc and vertebral injury, fractures, strains and dislocations. The most common symptom or complaint following spinal manipulation is an ache or stiffness at the site of adjustment.

I am aware of these symptoms/complications, and in order to minimize their occurrence I will take precautions. These precautions include, but are not limited to my taking a detailed clinical history of you and examining you for any defect which would cause a complication. This examination may include the use of x-rays in office or referral out of office. The use of x-ray equipment may pose a risk if you are pregnant. If you are pregnant, you should tell me when I take your clinical history.

Patient printed name

Date

Patient signature (sign by hand)

Parent / guardian signature, if minor

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Financial policy

Please read this policy and sign below. Ask our team if you have questions.

At our office, we want to render the highest quality Chiropractic care at the lowest possible fee. In order to accomplish this goal, we have altered our business procedures to keep our fees reduced.

Please read over these procedures below to understand how our office functions, and to decide if you wish to participate. If you have any questions, please ask so there is no confusion moving forward?

We are treating subluxations for the sole purpose of wellness/maintenance. This is not covered by most if not all insurance companies.

You may choose to submit receipts to your insurance company or other third-party health care programs, but payment for such services by insurance companies is neither implied nor agreed to by this office.

We take no responsibility for non-payment by insurance companies for services rendered at our office.

Our office will not respond to any requests for paperwork for insurance purposes or even acknowledge insurance requests for information on any patient's case. However, patients may have a copy of their records and the original x-rays at any time they request. No balances can be kept or run by patients at any time. All adjustment visits are paid immediately prior to the service being rendered. All initial visits and if applicable, x-rays are paid for upon completion of these services.

Our office reserves the right to deny services to anyone for any reason, or if the doctor feels that the patient's health is not being best served.

I have read, understand and agree to all terms.

I understand that I am under no obligation to receive or continue care.

ACKNOWLEDGMENT

Patient printed name

Today's date

Patient signature (sign by hand)