



FOR THE NEW PATIENT

at Schultz Chiropractic Wellness Zone

It is a pleasure to welcome you to our family of healthy and happy chiropractic patients. To serve you better, please complete the following information. We look forward to working with you to build a healthy family.

Patient's First Name		Last Name		Middle Initial
Address	Apt #	City	State	Zip
Home phone		Patient's Social Security #		
Patient's Date of Birth	Age	Patient's Weight	Patient's Height	
Mother's Full Name	DOB	Father's Full Name	DOB	
Mother's Occupation		Father's Occupation		
Mother's Cell #		Father's Cell #		
Pediatrician/Family MD:		Who referred you to this office? (person, sign, yellow pages, ad, etc.)		

AUTHORIZATION TO TREAT A MINOR:	
I HEREBY AUTHORIZE DR. ALAN SCHULTZ AND WHOMEVER HE MAY DESIGNATE AS ASSISTANTS TO ADMINISTER CHIROPRACTIC CARE AS DEEMED NECESSARY TO MY SON/DAUGHTER, _____ DATED ON THIS _____ DAY OF _____, 20____.	
SIGNATURE OF PARENT/GUARDIAN: _____	

FINANCIAL POLICY:

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I clearly understand and agree that all services rendered are charged directly to me and I am personally responsible for payment. I also understand that if I terminate, any fees for professional services rendered me will be immediately due and payable.

We require that if a child is treated under our care while not in the accompaniment of a parent or guardian, payment must be made either in advance, at the time of the treatment, or credit card can be left on file. Parent/Guardian Signature _____

Credit Card # _____ Exp Date _____

Get in the zone.....Schultz Chiropractic Wellness Zone

INFORMED CONSENT:

The primary treatment used by doctors of chiropractic is spinal manipulation or adjustment.
We will use this in your treatment program.

The Nature of Chiropractic Manipulation:

We will use our hands to manipulate or loosen and reposition the joints of your spine and extremities. Often with this procedure, you will hear a popping noise associated with the loosening and repositioning.

The Material Risks Inherent to Chiropractic Manipulation:

As with any procedure, there are certain complications that may arise from chiropractic manipulation. These complications may include aggravation of degenerative or injured spinal discs, rib fractures, ligament sprains, muscle strains, nerve injury or spinal cord compression. Manipulation of the neck has been associated with injury to arteries in the neck leading to or contributing to stroke. Local soreness and/or stiffness is typical in the early phases of treatment.

Probability of Those Risks Occurring:

Fractures are rare occurrences and generally result from underlying bone weakness, which we check for during the history, exam and x-rays. The exact incidence of stroke is uncertain, but is generally believed to occur in less than one per 1 million treatments. We employ physical tests that are advocated to screen for this risk, but they are generally accepted as being insensitive. All other complications are also generally described as rare.

The Availability and Nature of Other Treatment Options:

Other treatment options for your condition may include:

*Over-the-counter medications and rest.

*Medical care which may include anti-inflammatory drugs, muscle relaxants and pain medications.

Material Risk Inherent to Your Other Treatment Options:

Common analgesics and anti-inflammatory drugs have been shown to cause damage to the stomach and intestines, and possibly kidneys. There are about 16,500 deaths in the US each year from these complications. The risks are similar for both prescription anti-inflammatory as well as over-the-counter medications.

Spine surgery may be a consideration for some cases. However, it is reserved for those cases where extensive conservative treatment has been tried. Spine surgery is associated with a minor complication rate of between 9 per 100 and 15 per 100 cases depending on the area of the spine involved. Death has been reported in approximately 1 per 1500 cases.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

I have read or have had read to me the above explanation of chiropractic manipulation or adjustment and related treatment. I have discussed it with the doctor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.

Signature of Parent/Guardian _____ Date _____



Wellness.
Your goal.
Our mission.

Please answer the following questions:

The main symptom or purpose for seeing us today _____.

When did this first begin? _____

How did this happen? _____

What makes it worse? _____

What do you think will happen if this goes untreated? _____

Recommendations from other doctors: _____

Has the patient ever had chiropractic care before? Yes ____ No ____

When? _____

Is the patient currently taking any medications (aspirin included)? Yes ____ No ____

If yes, please list them and their uses. _____

Does the patient take any vitamins? Yes ____ No ____

Is/has the patient been involved in any high impact or contact type sports or activities in the past 2 years? (ie. soccer, football, gymnastics, cheerleading, martial arts, basketball, Baseball, etc)?

No ____ Yes ____, List: _____.



Has the patient suffered from in the past 2 years:

___ Dizziness

___ Asthma

___ Constipation

___ Poor appetite

___ Convulsions

___ Ear infections

___ "Growing pains"

___ Backaches

___ Hypertension

___ Allergies

___ Anemia

___ Hyperactivity

___ Paralysis

___ Ruptures/hernia

___ Joint problems

___ Heart trouble

___ Colds/flu

___ Muscle jerking

___ Neck problems

___ Blood disorders

___ Chronic earaches

___ Digestive disorders

___ Behavioral problems

___ Arm problems

___ Stomach aches

___ Diabetes

___ Headaches

___ Sinus trouble

___ Diarrhea

___ Bed wetting

___ Walking problems

___ Leg problems

___ Broken bones

___ Scoliosis

___ Car accident

___ Other _____

