Patient Health Goals: Name: _____

We all have desires regarding our health, and knowing these goals is very important to Dr. Meeks. The more he can understand your desires for your health, the better he can help you achieve optimal health and happiness. Understand that Dr. Meeks has a near 100% success rate helping patients regain strength, vitality, fitness, and well being.

In order to get you better, please tell us your two health goals:

My primary desire is:

_____
_____
_____

My secondary desire is:

_____
_____
_____

Many patients report with pain, dysfunction, degeneration, and weakness. To better understand how your condition is affecting you, please inform the doctor of your primary fears and limitations that concern you with your health.

My primary concern is:

_____
_____
_____

My secondary concern is:

_____
_____
_____

Name of your Primary Care Physician: _____

Your Name: _____

Mercy Guidelines Care Recommendations:

1. Has your PCP referred you to another health care provider in the past? Y or N?
2. Have you ever received a referral for chiropractic care from your PCP? Y or N?
3. Have you ever received a referral for massage therapy care from your PCP? Y or N?
4. Have you ever received a referral for physical therapy from your PCP? Y or N?
5. Have you ever received a referral for herbal medicine/Traditional Chinese Medicine from your PCP? Y or N?
6. Have you ever received a referral for acupuncture from your PCP? Y or N?
7. Have you informed your PCP that you are receiving chiropractic, physical therapy, and/or acupuncture in this clinic? If yes, please circle which apples.
8. Was the feedback positive, negative, or indifferent? Please circle which applies.
9. If you have informed your PCP of the care you get here, what health limitation have you told them we are addressing for you?

10. What activities of daily living do you feel are most negatively affected by your condition?

11. Do we have your permission to update your PCP about the care you are receiving in this office? Y or N?

Realize the more your PCP knows of the care you receive, why you are receiving it, and how it helps you live a better life, the better will be your care experiences in all your doctor's offices.

Thank you for your help with this, we will always give you our best.

Dr. Meeks

Quest Chiropractic Ltd.

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Patient Health Information Consent Form

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. Before we will begin any health care operations we must require you to read and sign this consent form stating you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
3. A patient's written consent need only be obtained one time for all subsequent care given to the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given after the request has been presented.
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and healthcare operations, the chiropractic physician has the right to refuse to give care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Signature of Patient _____

Print Name _____

Date _____