

Patient Basic Information

Personal Information:

Last Name:	First Name:	Mid Init:
Address:	City, State, Zip:	
Home Phone:	Work Phone:	
DOB:	Date of Injury/Onset:	
Email Address:		

Special Note: If your Injury involved a motor vehicle, skip to page 2. Otherwise, use spaces below to fully describe your accident, injury or onset, slip and fall, etc.

1. Description of Accident/Injury/Onset

Enter a full description of the accident, injury or onset in the space below

2. Your condition during and immediately after injury/onset

Enter the details of your condition during and immediately after your injury/onset

Description of Symptoms

(Describe your symptoms in the sections below, in the order of severity, if possible.)

IV. Fourth Symptom: (Please check off the boxes below to describe your 4th symptom. Describe only ONE symptom per Section)				Other types of pain																																						
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LIFE FORCE HEALTH CHIROPRACTIC

INFORMED CONSENT

Every type of health care is associated with some risks of potential problems. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of mechanical device or machine. Frequently adjustments create a "pop" "click" sound in the area being treated.

Neck Artery Dissection and Stroke: Dissection is when the lining of a neck artery breaks down. This might happen spontaneously or from an injury or from a trivial movement (hair shampooing, checking traffic, looking up, etc). **Dissections** tend to cause neck pain and/or headache. Dissections may form a clot that can dislodge and interfere with blood flow. If that happens, it is called a stroke. **Stroke** means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complications of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. Recent evidence suggests that it is not (2008, 2015, 2016, 2019), although the same evidence often suggests that the patient may be entering the chiropractic office for neck pain/headaches or other symptoms that may in fact be a spontaneous dissection of a neck artery. There are **no** in the office tests to diagnosis a spontaneous neck artery dissection (2020), but they might be detectable with advanced imaging (CT/MRI, etc.). If we think you may be suffering from a spontaneous neck artery dissection and/or associated stroke, you will be immediately referred to emergency services.

Anecdotal cases suggest that chiropractic adjustments may be associated with dissection and/or stroke that arise from the vertebral artery; this is because the vertebral artery is located inside the neck vertebra. The adjustment that is suggested to increase the strain on the vertebral artery is called the "extension-rotation-thrust atlas adjustment. We do not do this type adjustments on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of stroke ranges between 1 per every 400,000-3,000,000 neck adjustments. If you experience any of the "5 D's and 3 N's" (on a following separate page) before, during or after an adjustment, tell us immediately, and if we can't be reached, go to the emergency department immediately.

Two other potential problems that are not quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury and spinal dural tear resulting in a leak of cerebral spinal fluid.

Disc Herniations: Both neck and back disc herniation may create pressure on the spinal nerve or on the spinal cord. They are frequently successfully treated by chiropractic adjustments, traction, etc. Occasionally chiropractic treatment (adjustments, traction, etc.) may aggravate a disc/nerve problem and rarely surgery may become necessary for correction.

Cauda Equina Syndrome: Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, or leaky bowels, or loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability of start/stop urination or to start/stop a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window to do so may be as short as 12 to 72 hours, depending if you have any of these symptoms, tell us immediately and if we can't be reached go to the emergency department immediately.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy, etc., may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long-term effects for the patient.

Rib and other Fractures: Rarely a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. We adjust all patients very carefully and especially those who have known osteoporosis. Other fracture locations are extremely rare but possible, especially in those aged over 65 years and/ or on steroid drugs.

Soreness: It is common for chiropractic adjustments, traction, massage therapy, exercise, etc. to result in a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please let your doctor know.

Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider whom we feel will assist in your situation.

If you have any questions on the above, please ask your doctor.

Patient's Name Printed

Today's Date

Patient's Signature

Parent or Guardian Signature for Minor

Doctor's Signature

Date

PRICES

Chiropractic Adjustment

- Initial Exam - \$160.00 (includes an exam, x-ray, foot and nerves scans, and first adjustment)
- Adjustment 1-2 regions 98940 - \$40.00
- Adjustment 3-4 regions 98941 - \$80.00
- Adjustment 5 regions 98942 - \$85.00
- Chiropractic Examination (past clients) - \$60.00
- Re-examination - \$60.00

X-rays

- Full Spine - \$99.00
- Thoracic/Lumbar/Cervical (2 views) - \$75.00

Pre-Paid Packages

- 12 visits (S/M pre-paid) - \$600.00
- 20 visits (S/M pre-paid) - \$1,000.00
- 30 visits (pre-paid) - \$1,485.00
- 30 visit w/ 2 re-exams - \$1,650.00
- 75 visits - \$3,615.00
- 90 visits - \$3,861.00
- 100 visits - \$4,000.00
- 120 visits - \$5,280.00

Care Plans (Monthly Memberships)

- 30/50 Membership - \$30 monthly / \$40 adjustments
- 45/50 Family Membership - \$45 monthly/ \$40 adjustments

Cold Laser

- Cold Laser - \$35.00
- Cold Laser Package (12 visits) - \$360.00

Late Cancellation/No Show Fee

- Late cancel/No show - \$30.00

LIFE FORCE HEALTH CHIROPRACTIC **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Life Force Health Chiropractic is required, by law, to maintain the privacy and confidentiality of your protected health info and provide its patients with notice of our legal duties and privacy practices with respect to you protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health information to a physician or other healthcare provider providing care to you, for example:

- On occasion, it may be necessary to seek consultation regarding your condition from other health care provider's association with Life Force Health Chiropractic
- It is our policy to provide a substitute health care provider, authorized by Life Force Health Chiropractic to provide assessment and /or treatment to our patients, without advance notice, in the event your primary health care provider's absence due to sickness, vacation or other emergency situation.

Payment

We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations

We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization

In addition to our use of your health information for your care, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends

We must disclose your health information to you, as described in the Patient Rights Section of this Notice. We may disclose health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use of disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosure. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays or other similar forms of health information.

Marketing Health-Related Services

We will not use your health information for marketing communications without your written authorization.

Required by Law

We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect

We may disclose your health information to appropriate authorities if we can reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody or protected health information of inmate or patient under certain circumstances.

Appointment Reminders

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed in this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address in this Notice. If you request copies, we will charge you \$0.20 cents for each page, \$10.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed in this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means, or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

LIFE FORCE HEALTH CHIROPRACTIC

Notice of Privacy for:

Patient's Protected Health Information

This notice describes how health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This office abides by the terms described in this policy.

Life Force Health Chiropractic uses and discloses your protected health care information for the following reasons:

- To share with other treating health care providers regarding your health care.
- To submit to insurance companies to verify that appropriate services have been rendered.
- To determine patient's /practice member's benefits in a health care plan.
- Releasing information required by State of Federal Public Health law.
- Business associates providing written assurance for your privacy have been attained.
- Emergency situations.
- Abuse, neglect or domestic violence.
- Appointment reminders to household members or answering machines.
- Sign in logos may be disclosed to verify office visits.

Any other uses or disclosures will only be made with your specific written prior authorization.

You have the right to:

- Revoke Authorization, in writing at any time by specifying what you want restricted and to whom.
- Speak to our privacy officer, who is Peter Seguinot, D.C., and can be reached at 858-274-2225 regarding privacy issues.
- Inspect, copy and amend your protected health information and amend it as allowed by law.
- Obtain an accounting of disclosures of your protected health information.
- To render a complaint to our privacy officer or the Secretary of Health and Human Services.

This office reserves the right to change the terms of this notice and to make new notice provisions for all protected health information that it maintains. Patients/practice members may also get an updated copy upon request at anytime by asking the staff.

I acknowledge that I have read and reviewed this notice with full understanding.

Practice Member name (Print)

Signature of Patient

Date