

Thank you for taking the time to complete these forms. This will help us help you!

Patient's name:

Today's Date:

Family history: have any of your parents or siblings ever had any of the following conditions?

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other mental illness | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Immune disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High blood pressure | |

Your health history: have you ever had any of the following conditions?

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Lung disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Joint disease | <input type="checkbox"/> Ulcers |

Have you experienced any of the following within the past six months?

- | | | |
|---|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Jaw pain | <input type="checkbox"/> Excessive gas | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Foot pain | <input type="checkbox"/> Constipation | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Poor diet | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Drug or alcohol abuse |
| <input type="checkbox"/> Generally low energy | <input type="checkbox"/> Menstrual problem | <input type="checkbox"/> Sexual dysfunction |

Is there anything else about your health history that you would like us to know?

Why are you seeking treatment?

Please describe any major injuries, accidents, or illnesses. We want to know about things like torn ligaments or cartilage, torn muscles, broken bones, major infections like pneumonia or appendicitis, parasites, disc problems, nerve injury, surgery, and auto accidents.

List the prescription and over-the-counter drugs, nutritional supplements, and herbs you are taking.

Do you usually sleep well? _____

Do you exercise more than twice per week? If so, what kind of activity do you like?

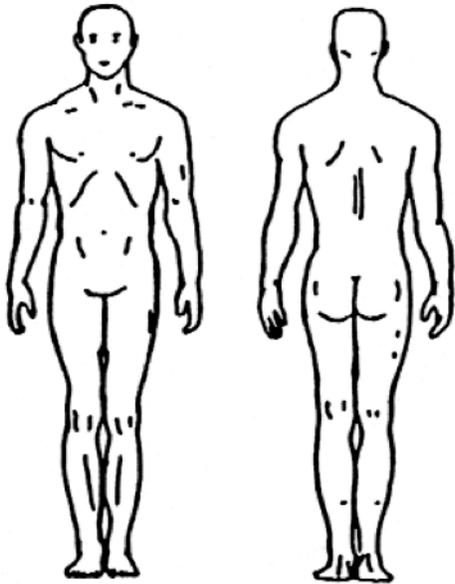
What is your occupation?

When was your last visit to a chiropractor? _____

Sign: _____

Date: _____

Name: _____



On the diagram to the left, draw to indicate where you have pain or other symptoms. Number each area and use the scales below to rate the pain and the function of each area, zero to ten, as it feels today. If you have more than three areas of concern, choose the three most

Marking each scale with an X, indicate how each area is today. Use the space to the right to describe the quality of the pain (sharp, dull, stabbing, pins and needles, tingling, numb, etc) and the type of restriction (can't lift my arm, can't walk, can't turn my head)

1) _____

No Pain	PAIN SCALE										Extreme Pain
	1	2	3	4	5	6	7	8	9	10	
Full Function	FUNCTION SCALE										No Function
	1	2	3	4	5	6	7	8	9	10	

2) _____

No Pain	PAIN SCALE										Extreme Pain
	1	2	3	4	5	6	7	8	9	10	
Full Function	FUNCTION SCALE										No Function
	1	2	3	4	5	6	7	8	9	10	

3) _____

No Pain	PAIN SCALE										Extreme Pain
	1	2	3	4	5	6	7	8	9	10	
Full Function	FUNCTION SCALE										No Function
	1	2	3	4	5	6	7	8	9	10	

I began my bodywork practice in 1993. Since then, I have developed a set of skills to address problems in the nerves, muscles, and joints. My techniques are drawn from many arts: osteopathy, massage, Chinese medicine, cranial therapy, and of course chiropractic.

These techniques range from traditional "bone setting" to the latest approaches to rehabilitation and soft tissue treatment. I will draw upon all of these skills in my effort to help you feel better. My goal is always to return you to optimal function as quickly as possible using the most gentle and effective treatments available.

No matter what the symptom, injury, or problem, I use the safest, gentlest technique that will get the job done. My adjustments are usually painless, and serve to restore mobility and alignment to joints. Realigning the joint surfaces often relieves pressure on surrounding tissues, providing quick and lasting relief from pain.

Most people have muscle and tendon problems surrounding misaligned joints. For these, I use a wide variety of techniques such as massage strokes which can be gentle or deep, stretches and movements which range from very big to very small . The specific technique that I choose depends upon your preference and how I feel your body responding to touch and pressure.

Muscle and tendon therapies are aimed at restoring circulation and mobility to the tissues. This circulation and mobility allows them to heal. Healing takes time, and the longer the problem has been present, the longer it will take to heal. Patients with chronic, long-standing problems with muscle and tendon are the ones who require longer treatment plans.

I do not require X-rays for every patient. If I request X-rays, MRI, or other imaging, it is because I feel I cannot confidently proceed without them. Images can protect your safety as well as providing us with crucial information that can save you time and reduce the cost of your treatment.

Thank you for entrusting me with your healthcare. I can not guarantee any particular result, but I do promise to bring all of my knowledge and skill to each visit, and I will do my best to help you solve—as quickly and completely as possible—the pain or problem that brought you here.

Schedule

We respect your time and we do not want you to wait too long in our waiting room. We are usually ready to see you at your appointment time. If we are running more than 10 minutes behind, we will try to reach you before your appointment to let you know. In return, we ask that you plan to arrive a few minutes before your appointment so that you are ready to work at the appointment time.

Our schedule can fill up in advance. If you are on a treatment plan that requires repeated visits, we suggest that you schedule the treatments as far in advance as possible.

Missed appointments

If you have an appointment that you cannot keep, please call us as soon as possible. We understand that schedules change and we will gladly reschedule your appointment. If you give us more than 48 hours notice, another patient will probably be happy to have your appointment slot. Our office staff and our other patients will appreciate this advance notice.

We understand that everyone makes mistakes and sometimes forgets an appointment. **We do not want to charge you for missed appointments. However, to safeguard our schedule against repeated no-shows, we charge \$50 for a missed appointment.** If a patient consistently cancels or misses appointments, we may ask that patient to seek out a different practitioner.

Fees and financial responsibilities

We understand the need for predictability in the cost of care, and we strive to maintain transparency in our billing process.

We cannot guarantee a specific fee per visit, as each treatment session may vary in length and services delivered. The aim of the treatment plan—and of each treatment session—is to best solve the problems that have brought you here.

The most common first visit consists of an interview, examination, creation of a treatment plan, and treatment. Depending on the complexity of the problem and the amount of treatment needed, the first visit will be \$145-220.

Some examples of follow-up visits:

- Adjustment to the spine and 10-20 minutes of muscle work to the shoulder or hip: \$90
- Adjustment to the spine with only minimal muscle work needed: \$45-60
- Adjustment to 3 or more regions of the spine with 10-20 minutes of muscle work: \$105
- If a patient hasn't been seen in a six to twelve months and needs a re-examination along with an adjustment, that visit might be \$130

These fees are for patients who pay on the day of the visit. If we bill insurance, this discount is not applied and the fees are higher by about 15-20%.

Insurance billing

If you have insurance that covers chiropractic care, we will gladly handle the billing for you once you have verified your coverage. We have a simple form for you to use for insurance verification.

We are not in-network with any insurance plans, HMOs, or PPOs. You must have out-of-network benefits in order for your insurance to cover our treatments.

Treatment for injuries from auto accidents are billed for you. There is no out of pocket expense for treatments. Nutrient supplements and herbs must be paid for by the patient.

No matter what type of insurance you are using, you are responsible for the fees for your treatment. If the insurance company denies payment, you are responsible for paying the fees in full. If the insurance company pays only part of the fees, you are responsible for paying the balance.

If you do not understand any of these policies, please ask our front desk staff before you sign below.

With your signature, you indicate that you have read and understand the schedule, treatments, fees, and financial policies, and that you agree to pay any balance remaining after your insurance provider processes your claim.

Sign: _____

Date: _____

Consent to examination and treatment

Your safety and comfort are of the greatest importance to us. Be assured that no technique will be performed or treatment delivered without your full consent and participation. To assure us that you consent to examination and treatment, we respectfully ask you to read these pages and sign at the bottom.

If you do not understand any of this information, or if you cannot agree to sign this page, tell Dr. Russ about your specific concerns.

- 1) Your treatment may consist of deep soft tissue work, which usually results in some increased soreness for 1 - 3 days after treatment. There is sometimes visible bruising. Occasionally after deep tissue work, people report feeling sleepy or light-headed for a couple of hours. Sometimes people report feeling emotionally sensitive for 1 - 3 days after treatment. If you experience any symptoms after treatment to a degree that concerns you, you are encouraged to call and talk with Dr. Russ, or be sure to mention it at your next visit.
- 2) Most forms of bodywork, particularly deep tissue work, stimulate circulation to the areas treated. This increases the body's need for water and food. Be sure to drink water and eat well every day, but especially on days that you are treated.
- 3) Your treatment may require you to change into a gown and shorts. These garments are designed to allow you to move freely and will allow Dr. Russ to access your skin while preserving your comfort and modesty. Your comfort and relaxation are of the greatest importance, so please notify Dr. Russ if you are cold or if you do not feel adequately covered.
- 4) Your treatment may require Dr. Russ to contact areas around your chest, hips, and buttocks. Let Dr. Russ know of any specific concerns you have. By signing below, you are indicating that you give Dr. Russ permission to examine and treat these areas if necessary.

- 5) With all bodywork, there is a risk of injury. The most common injury is tearing of ligament or tendon, resulting in pain or muscle spasm which may require treatment. By signing below, you are indicating that you understand and accept these risks.
- 6) There is a very small risk of stroke following neck manipulation. By signing below, you are indicating that you are aware of this risk. Dr. Russ can and often does treat patients without using neck manipulation; signing here does not require you to have your neck manipulated, it merely indicates that you are aware of the possible risks of that particular treatment.
- 7) After the initial interview and examination, Dr. Russ will describe the cause of your condition and a plan for treatment. You are not obligated to receive treatment. If at any time during treatment you have concerns about the course of your care, the techniques being used, or if new symptoms arise, tell Dr. Russ about your concerns or new symptoms. They may contain important information about your condition.

By signing below, you indicate that you have read and understood the information on these pages, and you consent to examination and treatment.

Sign: _____ Date: _____

Print name: _____

Consent for Purposes of Treatment, Payment, and Healthcare Operations for Patients

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to have your signature on this form.

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

We treat any information that is identifiable to you as your personal information. We collect personal information such as.

- Identity (Name, Address, Age, etc.)
- Health Conditions, Health History
- Accident Reports when necessary

Collected information is used for diagnosis and to help us determine the appropriate treatment or referral. We collect personal information from you, your insurance company, and in some cases attorneys and legal guardians may provide necessary personal information.

We will only use your health information for purposes of providing your treatment, obtaining payments, and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been given your written permission.

Patient Rights

Restrictions You have the right to request restrictions on certain uses and disclosures of your health information. We will make every effort to honor reasonable restrictions.

Confidential Communications You have the right to request that we communicate with you in a certain way.

Copy of your health information You can read, review, and copy your health information.

Amend your health information You can ask us to update your records if you believe your information is incorrect. Your request may be denied if the records are determined to be correct and complete.

Documentation of health information You have the right to ask us how and where your health information was used by our office.

Complaints You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative