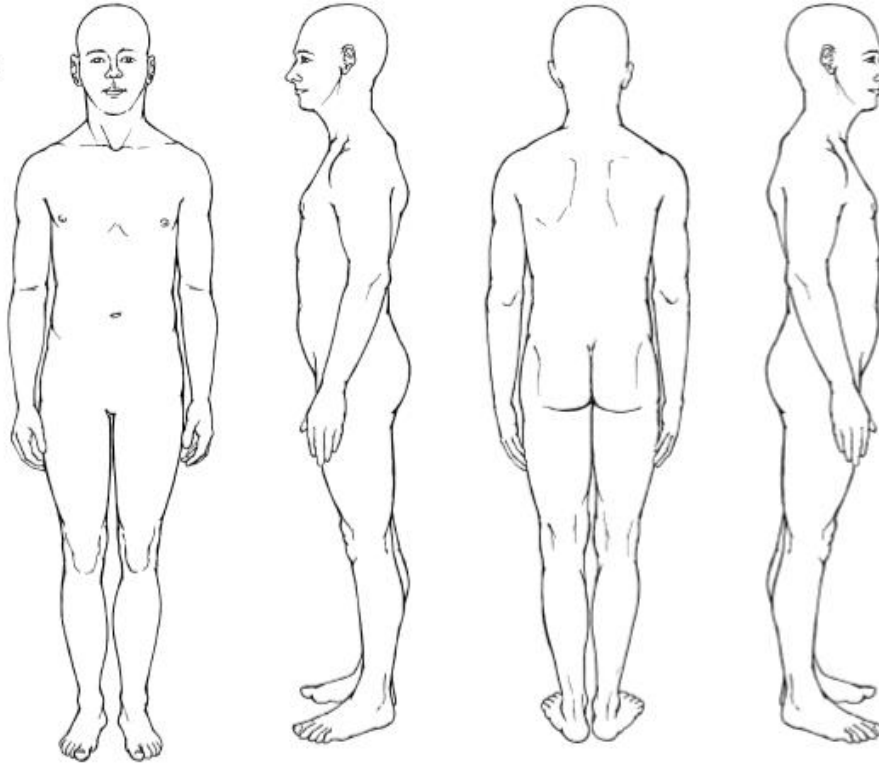


Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: cell/home/office \_\_\_\_\_ cell/home/office \_\_\_\_\_  
 Email: \_\_\_\_\_ Who may we thank for referring you? \_\_\_\_\_  
 Emergency Contact: name \_\_\_\_\_ phone: \_\_\_\_\_ relationship \_\_\_\_\_  
 Occupation: \_\_\_\_\_ How long? \_\_\_\_\_  
 Have you ever received chiropractic care? No Yes with whom? \_\_\_\_\_  
 Have you ever received therapeutic massage? No Yes with whom? \_\_\_\_\_  
 Reason for visit: \_\_\_\_\_  
 When did this first start? \_\_\_\_\_  
 Have you ever experienced this pain before? No Yes When? \_\_\_\_\_  
 Have you seen any other healthcare provider for this? \_\_\_\_\_

Please circle the area(s) of concern:

**Key**  
 P = pain or tenderness  
 S = joint or muscle stiffness  
 N = numbness or tingling



- CO
- C1
- C2
- C3
- C4
- C5
- C6
- C7
- T1
- T2
- T3
- T4
- T5
- T6
- T7
- T8
- T9
- T10
- T11
- T12
- L1
- L2
- L3
- L4
- L5

(for Doctor's Notes)

Short Leg L \_\_\_\_\_ R \_\_\_\_\_ -D TrP L R +D leg lag L R PRI L R BCS 1st Rib L R  
 Legs Balanced after adjustment Y N Sacral Extension Restriction L R Ant. Pubis L R

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm O2Sat \_\_\_\_\_ %

For each area of complaint, please answer the following questions.

*Primary area of complaint:* \_\_\_\_\_

*Describe the pain:*                    Aching    Burning    Dull    Sharp    Stabbing    Throbbing    Stiff    Weakness

*Frequency of Pain:*                    Constant            Frequent            Intermittent            Occasional

*Intensity of Pain:*                    (no pain) 1    2    3    4    5    6    7    8    9    10 (worst pain)

*Is there any Numbness or Tingling? Where?* \_\_\_\_\_

*Does the pain stay local to one area or does it travel to other areas of the body?* \_\_\_\_\_

*Anything that makes it feel worse?*

Activity: heavy, moderate, light                    Bending    Lifting    Prolonged Activity    Prolonged Standing  
Stress    Temperature Changes    Twisting    Sit to Stand    Stand to Sit    Changing Positions  
Change Position in Bed    Driving    Getting Dressed    Getting In/Out of Car    Lying Down  
Poor Posture    Sitting at Desk    Walking

*Anything that makes it feel better?*

Cold    Heat    Increase Activity    Lying Down    OTC meds    Posture Changes    Prescribed Meds  
Rest    Stretching    Support Brace            Chiropractic    Massage            Nothing relieves the pain

*Secondary area of complaint:* \_\_\_\_\_

*Describe the pain:*                    Aching    Burning    Dull    Sharp    Stabbing    Throbbing    Stiff    Weakness

*Frequency of Pain:*                    Constant            Frequent            Intermittent            Occasional

*Intensity of Pain:*                    (no pain) 1    2    3    4    5    6    7    8    9    10 (worst pain)

*Is there any Numbness or Tingling? Where?* \_\_\_\_\_

*Does the pain stay local to one area or does it travel to other areas of the body?* \_\_\_\_\_

*Anything that makes it feel worse?*

Activity: heavy, moderate, light                    Bending    Lifting    Prolonged Activity    Prolonged Standing  
Stress    Temperature Changes    Twisting    Sit to Stand    Stand to Sit    Changing Positions  
Change Position in Bed    Driving    Getting Dressed    Getting In/Out of Car    Lying Down  
Poor Posture    Sitting at Desk    Walking

*Anything that makes it feel better?*

Cold    Heat    Increase Activity    Lying Down    OTC meds    Posture Changes    Prescribed Meds  
Rest    Stretching    Support Brace            Chiropractic    Massage            Nothing relieves the pain

Do you smoke? No Yes      Have you ever smoked? No Yes      When did you stop? \_\_\_\_\_

How many packs per day? \_\_\_\_\_ How many years have you smoked? \_\_\_\_\_

Do you drink alcoholic beverages? No Yes      How often? \_\_\_\_\_

Do you drink carbonated beverages? No Yes      How much and how often? \_\_\_\_\_

What is your daily water intake? \_\_\_\_\_

How would you describe your daily nutrition/diet: \_\_\_\_\_

Have you had any recent immunizations? \_\_\_\_\_

Do you exercise? No Yes      What kind and how often? \_\_\_\_\_

Recreational activities: \_\_\_\_\_

Do you have any scars? No Yes      Where? \_\_\_\_\_

Have you had any recent visits to the hospital or urgent care? No Yes Why? \_\_\_\_\_

Please list any surgeries and hospitalizations:

When: \_\_\_\_\_ What kind of surgery or hospitalization? \_\_\_\_\_

When: \_\_\_\_\_ What kind of surgery or hospitalization? \_\_\_\_\_

When: \_\_\_\_\_ What kind of surgery or hospitalization? \_\_\_\_\_

Have you had any prior accidents/injuries? \_\_\_\_\_

Are there any ongoing illnesses? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please list any medications and supplements:

Name: \_\_\_\_\_ Taken for what? \_\_\_\_\_

Name: \_\_\_\_\_ Taken for what? \_\_\_\_\_

Name: \_\_\_\_\_ Taken for what? \_\_\_\_\_

Name: \_\_\_\_\_ Taken for what? \_\_\_\_\_

Name: \_\_\_\_\_ Taken for what? \_\_\_\_\_

Any significant family history? \_\_\_\_\_

Have you had any previous tests or imaging? \_\_\_\_\_

Have you had any medical procedures? \_\_\_\_\_

Any other areas of concern today? \_\_\_\_\_

If you could have anything regarding your health to change, what would it be? \_\_\_\_\_

What are your expectations of me as your chiropractor? \_\_\_\_\_

Please check all that apply.

**General**

- Lethargy/weakness
- Recurring fever
- Recent weight loss or gain
- Dizziness
- Fever
- Chills
- Other: \_\_\_\_\_

**HEENT**

- Headaches or Migraines
- Eye or vision problems
- Eyeglasses or contact lenses
- Nose bleeds
- Eye surgery
- Cataracts
- Glaucoma
- Sore throat
- Hoarseness
- Swollen glands
- Nose congestion or sinus trouble
- Ear or hearing problems
- Dental problems
- Gum problems
- TMJ problems
- Postnasal drip
- Other: \_\_\_\_\_

**Skin/Hair**

- Skin trouble or rashes
- Flushing
- Excessive acne
- Eczema
- Psoriasis
- Skin cancer
- Change in hair or nails
- Blood in stool
- Easy bruising
- Gum bleeding
- Other: \_\_\_\_\_

**Cardiovascular**

- Chest pain or tightness
- Heart attack
- Shortness of breath
- Palpitations
- Swelling of feet or hands
- High blood pressure
- High cholesterol or triglycerides
- Heart murmur
- Blood clots
- Pacemaker
- Mitral valve prolapse
- Congenital heart defects
- Rheumatic fever
- Leg pain upon walking
- Varicose veins
- Dizziness
- Excessive bruising
- Coronary artery disease
- Other: \_\_\_\_\_

**Respiratory**

- Persistent cough
- Spitting up blood
- Asthma or wheezing
- Shortness of breath
- Exercise intolerance
- Sleep apnea
- Emphysema
- Snoring issues
- Tuberculosis
- Pneumonia
- Breathing issues
- Hay fever
- Other: \_\_\_\_\_

**Gastrointestinal**

- Loss of appetite
- Nausea or vomiting
- Diarrhea
- Constipation
- Abdominal pain
- Stomach ulcer
- Bloating/cramping
- Heartburn
- Hemorrhoids
- Hepatitis
- Cirrhosis
- Difficulty swallowing
- Jaundice
- Liver disease
- Gallbladder problems
- Pancreatitis
- Change in bowel habits
- Black or bloody stool
- Colon cancer or colon polyps
- Food sensitivities
- Irritable bowel syndrome
- Crohn's disease
- Gastric reflux
- Colitis
- Other: \_\_\_\_\_

### Neurological

- Frequent headaches
- Migraines
- Dizziness
- Fainting
- Memory loss
- Poor balance
- Numbness or tingling
- Pins and needles
- Epilepsy or seizures
- Stroke
- Tremors
- Head injury
- Anxiety and/or panic
- Depression
- Sleeping issues
- Weak muscles
- Loss of smell or taste
- Temporary loss of vision
- Difficulty concentrating
- Other:\_\_\_\_\_

### MusculoSkeletal

- Arthritis
- Joint pain or swelling
- Neck pain
- Back pain
- Trauma
- Osteoporosis
- Scoliosis
- Cramping
- Fractures
- Implants, plates, pins or staples
- Hip disorders
- Knee injuries
- Foot/ankle pain
- Shoulder problems
- Elbow/wrist pain
- Poor posture
- Gout
- Other:\_\_\_\_\_

### Blood/Lymph

- Anemia
- Bleeding
- Bruising
- Blood clots
- Past transfusions
- Leukemia
- Lymphoma
- HIV/AIDS
- Sickle cell
- Other:\_\_\_\_\_

### Allergies

- Seasonal
- Medication
- Food
- Other:\_\_\_\_\_

### Psychiatric

- Alzheimer's Disease
- Insomnia
- Difficulty concentrating
- Memor loss/confusion
- Depression
- Anxiety
- Agitation/irritability
- Suicidal thoughts
- Chemical dependency
- Other:\_\_\_\_\_

### Female

- Painful sex
- Vaginal discharge
- Breast pain or lumps
- Hot flashes
- Menstrual irregularity
- Loss of libido
- Menopause
- Sexually transmitted infection
- Abnormal PAP smear
- Other:\_\_\_\_\_

### Endocrine

- Diabetes
- Thyroid problems
- Sweating
- Heat intolerant
- Cold intolerant
- Weight loss
- Weight gain
- Frequent urination
- Excessive thirst
- Change in appetite
- Hair changes
- Hyperthyroidism
- Hormonal or glandular condition
- Hyperparathyroidism
- Testosterone deficiency
- Cushing's syndrome
- Steroid treatments
- Other:\_\_\_\_\_

### Urinary

- Painful or frequent urination
- Incontinence
- Hesitance
- Urgency
- Blood in urine
- Kidney stones
- Urinary infections
- Genital or bladder or urinary complaints
- Other:\_\_\_\_\_

### Male

- Burning on urination
- Difficulty starting urine
- Nightly urination
- Dripping after urination
- Prostate trouble
- Prostate cancer
- Other:\_\_\_\_\_



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Marietta, GA 30062  
(404)838-8985

### Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains.

With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Financial Policy

**Our care plan instructions are based on a desire to see you get well and stay well. Chiropractic care is covered under many insurance plans. Regardless of your coverage, care plan instructions will be based on the the chiropractic care you need. We ask that you read and understand our policy as it applies to your particular situation.**

**PATIENTS WITHOUT INSURANCE** We offer a cash discount to be paid at time of service. We are happy to accept your check, cash or credit card.

**GROUP OR INDIVIDUAL INSURANCE** Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide coverage. The amount they pay varies from one policy to another. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. As a courtesy to you, our office will complete any necessary insurance forms at no additional charge, and file them with your insurance company to help you collect. It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles or co-pays. You may also pay the full amount due each day thereby qualifying for our Time of Service Reduction in fees. You may then submit the bill to your insurance carrier for reimbursement.

**PERSONAL INJURY OR AUTOMOBILE ACCIDENTS** Please present your auto insurance card, your health insurance card, and tell us if you have retained an attorney. There are four options available to the PI patient:

1. Pay cash for your care and we will submit reports whenever necessary.
2. We will bill (accept assignment) from the Med Pay portion of your auto insurance.
3. We will accept a Letter of Protection or Doctor's Lien from an attorney and await payment at the time of settlement as long as you remain an active patient.

Although you are ultimately responsible for your bill, we will wait for settlement of your claim for up to three months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately. There will be a monthly interest charge of 1.5% (18% APR) on any balance due.

**MEDICARE** We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is ONLY manual manipulation of the spine. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and the remaining 20%. All other services we provide are NON-COVERED. These services include, but are not limited to x-rays, examinations, massage, therapies, extremity adjustments, orthotics, supports, and/or nutritional supplements. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare at no charge.

**INSURANCE FORMS/PAYMENT** If you receive any correspondence from your insurance carrier pertaining to the care you have received at this office or a request of more information regarding your care, please bring it in as soon as possible. It is very important that we keep your file as up to date as possible. Occasionally, either by mistake, or due to provisions in your policy, the check issued by the insurance company for payment of services rendered in our office, may come to you instead of our office. If you should receive any unexpected check in the mail, please contact us to see if it does represent payment of your bill here.

\_\_\_\_\_ ***If you are running late, please be courteous by calling or texting to let us know.***

\_\_\_\_\_ ***We ask that you please reschedule or cancel at least 24 hours before the beginning of your appointment or you will be charged a cancellation fee of 100% of the cost of your service.***

\_\_\_\_\_ ***Any cancelled and/or missed appointments will be charged full price of service and will result in pre-payment of services thereafter. For your convenience, you may leave a credit card on file. This fee is not covered by insurance companies.***

***For your convenience, you may also schedule online at Fusion-Chiro.com.***

\_\_\_\_\_  
Patient's signature (or guardian if patient is a minor)

\_\_\_\_\_  
Date

*Please initial here.*