Vancouver Chiropractic

Seth Hutton, DC | Lindsey Sinner, DC | Trevor Schwanz, DC

NAME_____ DOB___/___/___ TODAY'S DATE___/___/___

PHONE (HOME)____-____-_____ (CELL)____-____-_____ (WORK)____-____-_____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

AGE_____ EMAIL_____ PRIMARY PHYSICIAN_____

I would like to receive appointment reminders via: EMAIL☐ PHONE☐ NONE ☐

EMPLOYER_____ OCCUPATION_____ SSN_____

DO YOU HAVE INSURANCE? _____ IF YES, PLEASE GIVE CARD TO RECEPTIONIST

Reason for today's visit and current symptoms_____

Date of injury/onset of symptoms_____

Describe how condition started_____

Has this happened before? YES☐ NO☐ Has your condition been treated before? YES☐ NO☐

Any diagnostic testing? (MRI, X-Ray, lab work, etc.)_____

What has worked in the past? (Medications, therapy, etc.)_____

List any medications/herbs you are currently taking_____

Spinal surgeries? YES☐ NO☐ If yes, list all and years_____

Do you suffer from headaches? YES☐ NO☐ Location_____

How long do they last?_____ How many times per week/month?_____

Conditions you have been diagnosed as having:

Anxiety	Diabetes	Depression
Bleeding Disorder	Arthritis	Stroke
Asthma	Gout	High Blood Pressure
Memory Loss	Heart Attack	Kidney Stones
Ringing in ears	Anemia	Thyroid Disease

Other_____

Fractures (describe):_____

Is there anything else we may be able to help you with?_____

Who can we thank for referring you?_____

Have you been treated by a chiropractor before? YES☐ NO☐

703 Broadway | Suite 500 | Vancouver, WA 98660 | P: 360-690-0081 | F: 360-690-0083

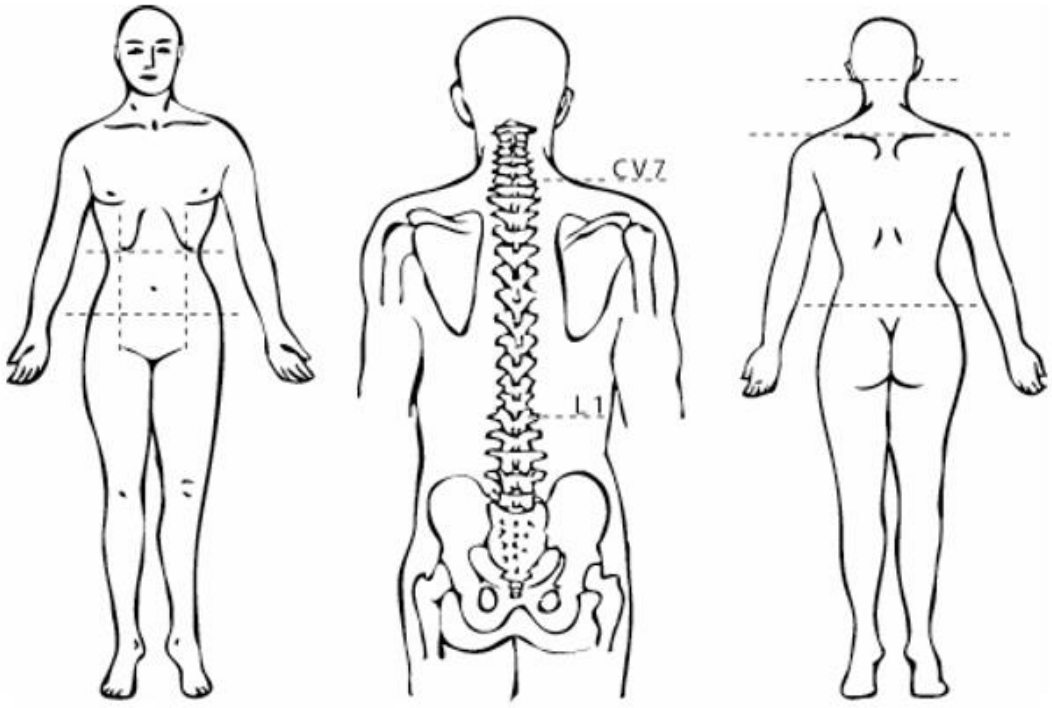
Vancouver Chiropractic

Seth Hutton, DC | Lindsey Sinner, DC | Trevor Schwanz, DC

PAIN DRAWING

Please be sure to fill this out accurately. Mark the area on your body where you feel the described sensations(s). Use the appropriate symbols(s), mark the areas of radiating pain and include all affected areas. You may draw in the face as well.

Numbness	----------	Pins & Needles	oooooo oooooo	Burning Pain	xxxxxx xxxxxx	Stabbing Pain	////// //////	Aching Pain	((((((((((((((



Please mark on the line the pain level that most accurately represents your pain:

0 1 2 3 4 5 6 7 8 9 10

A. Right now: _____
B. Average pain: _____
C. At best: _____
D. At worst: _____

703 Broadway | Suite 500 | Vancouver, WA 98660 | P: 360-690-0081 | F: 360-690-0083

Vancouver Chiropractic
Seth Hutton, DC | Lindsey Sinner, DC | Trevor Schwanz, DC

Financial Policy

Please take a few minutes to review the following information prior to your appointment.

We hope you understand that our financial policies are established to comply with the requirements of our legal contracts with the insurance companies that allow us to treat you.

Co-payments (the fixed amount your insurance company sets) are due at the time of service. Co-insurance (the percentage your insurance company sets) will be billed to you once your insurance company has provided us with an "EOB", or explanation of benefits. This amount is due within 30 days of receiving our bill.

About Health Insurance

Your insurance policy is an agreement between you and the insurance company. Our relationship is with you, not your insurance company. Therefore, all charges are ultimately your responsibility. If you have selected Dr. Sinner or Dr. Hutton because they are preferred providers on your plan, be aware that we have signed extensive contracts as a service to you in efforts to get you reimbursed for what you paid into your insurance. Regardless of our association with your insurance, whatever amount they do not pay towards our services, you are contractually obligated to pay for. We are NOT allowed to casually waive co-payments or co-insurance.

In some instances, on a case by case basis, you may qualify for "financial hardship". Each insurance company has a different agreement with you, the patient, and us, the providers. It is very important that we comply with our contracts. Please note, many insurance companies do not allow, under any circumstance, that we not collect a co-payment or co-insurance.

To qualify for reduced payments, and/or an extended monthly payment plan, your insurance company must first allow for financial hardship. Your household income must be below 200% of the national poverty level and/or your monthly discretionary income must be below $500. We do not ever want to turn away anyone in need of care due to financial hardship, however, there are very strict policies and laws that we must follow. If you would like to apply for financial hardship, please ask. We will treat your situation with respect and privacy and provide you with a form that details the income requirements depending on the size of your family as well as the discretionary income requirements.

Signature _____ Date _____

703 Broadway | Suite 500 | Vancouver, WA 98660 | P: 360-690-0081 | F: 360-690-0083

Vancouver Chiropractic
Seth Hutton, DC | Lindsey Sinner, DC | Trevor Schwanz, DC

Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and the function (primarily the nervous system) as that relationship may affect the restoration and preservation of health. **Health** is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmary.

One disturbance to the nervous system is called **vertebral subluxation**. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an **adjustment**. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be inclined.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. The benefits, risks, and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

_____	_____	_____
Print name	Signature	Date

Consent to evaluate and adjust a minor child:

I,_____ being the parent or legal guardian of _____ have read and fully understand the above informed consent and hereby grant permission for my child to receive chiropractic care.

Vancouver Chiropractic
Seth Hutton, DC | Lindsey Sinner, DC | Trevor Schwanz, DC

Notice of Privacy

We keep a record of the health care services provided. You may ask to see and receive a copy of that record. You may also seek to have to record corrected. This information will not be disclosed to others unless under your direction or as required by law.

The Privacy Notice (available for review at the Front Desk) explains this information in great detail.

My signature below signifies that I have read and understand the Privacy Notice provided.

_____	_____	_____
Print name	Signature	Date

703 Broadway | Suite 500 | Vancouver, WA 98660 | P: 360-690-0081 | F: 360-690-0083