

Patient Information

Name: _____ Birth Date: ___/___/___ SS# _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
Email Address: _____ Employer: _____
Spouse Name: _____ Spouse Birth Date: ___/___/___
Referred By: (Website) (Yelp) (Google) (Walk In/ Drive By) (Patient: _____)

Are you receiving care from other health professionals? Yes No If yes, please state reason: _____

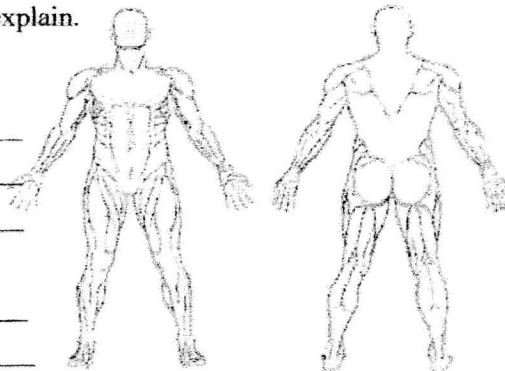
List any serious condition the doctor should be aware of: _____

Please list any drugs, medications, vitamins/herbs/homeopathics/other you are taking: _____

Where is the problem? Please use the illustrations and lines below to explain.

Has condition: gotten worse stayed constant comes and goes

Front _____



Back _____

Do you have Pain Numbness Tingling

Are symptoms affected by Sitting Walking Bending Lying down

Does this condition interfere with Work Sleep Daily Routine Other

Please explain: _____



Office Policies: *If I am accepted as a patient, I agree to pay for all services, including services not covered by my insurance company. In the event that I receive checks from my insurance company for services rendered at this facility, I understand that I am to sign the checks over to my provider immediately. If I suspend (or terminate) my treatment without the doctor's permission, it will be understood that I have reached maximum healing for my condition. I then agree to be fully responsible for my condition and future care. I understand that no medical records or x-rays will be released from this office if I owe any money on my account.*

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Please answer the following questions to help us determine possible risk factors:

QUESTION	YES	DOCTOR'S COMMENTS
GENERAL		
Have you ever had an adverse (i.e. bad) reaction to or following chiropractic care?	<input type="checkbox"/>	
BONE WEAKNESS		
Have you been diagnosed with osteoporosis?	<input type="checkbox"/>	
Do you take corticosteroids (e.g. prednisone)?	<input type="checkbox"/>	
Have you been diagnosed with a compression fracture(s) of the spine?	<input type="checkbox"/>	
Have you ever been diagnosed with cancer?	<input type="checkbox"/>	
Do you have any metal implants?	<input type="checkbox"/>	
VASCULAR WEAKNESS		
Do you take aspirin or other pain medication on a regular basis?	<input type="checkbox"/>	
If yes, about how much do you take daily? _____		
Do you take warfarin (coumadin), heparin, or other similar "blood thinners"?	<input type="checkbox"/>	
Have you ever been diagnosed with any of the following disorders/diseases?		
• Rheumatoid arthritis	<input type="checkbox"/>	
• Reiter's syndrome, ankylosing spondylitis, or psoriatic arthritis	<input type="checkbox"/>	
• Giant cell arteritis (temporal arteritis)	<input type="checkbox"/>	
• Osteogenesis imperfecta	<input type="checkbox"/>	
• Ligamentous hypermobility such as with Marfan's disease, Ehlers-Danlos syndrome	<input type="checkbox"/>	
• Medial cystic necrosis (cystic mucoid degeneration)	<input type="checkbox"/>	
• Bechet's disease	<input type="checkbox"/>	
• Fibromuscular dysplasia	<input type="checkbox"/>	
Have you ever become dizzy or lost consciousness when turning your head?	<input type="checkbox"/>	
SPINAL COMPROMISE OR INSTABILITY		
Have you had spinal surgery?	<input type="checkbox"/>	
If yes, when? _____		
Have you been diagnosed with spinal stenosis?	<input type="checkbox"/>	
Have you been diagnosed with spondylolysis/spondylolisthesis?	<input type="checkbox"/>	
Have you had any of the following problems?		
• Sudden weakness in the arms or legs?	<input type="checkbox"/>	
• Numbness in the genital area?	<input type="checkbox"/>	
• Recent inability to urinate or lack of control when urinating?	<input type="checkbox"/>	

I have read the previous information regarding risks of chiropractic care and my doctor has verbally explained my risks (if any) to me and suggested alternatives when those risks exist. I understand the purpose of my care and have been given an explanation of the treatment, the frequency of care, and alternatives to this care. All of my questions have been answered to my satisfaction. I agree to this plan of care understanding any perceived risk(s) and alternatives to this care.

PATIENT [or PARENT/GUARDIAN] SIGNATURE _____ DATE _____

INTERN SIGNATURE _____ DATE _____

DOCTOR'S SIGNATURE _____ DATE _____

Informed Consent Form Chiropractic

The doctor of chiropractic evaluates the patient using standard examination and testing procedures. A chiropractic adjustment involves the application of a quick, precise force directed over a very short distance to a specific vertebra or bone. There are a number of different techniques that may be used to deliver the adjustment, some of which utilize specially designed equipment. Adjustments are usually performed by hand but may also be performed by hand-guided instruments. In addition to adjustments, other treatments used by chiropractors include physical therapy modalities (heat, ice, ultrasound, soft-tissue manipulation), nutritional recommendations and rehabilitative procedures.

Chiropractic treatments are one of the safest interventions available to the public demonstrated through various clinical trials and indirectly reflected by the low malpractice insurance paid by chiropractors. While there are risks involved with treatment, these are seldom great enough to contraindicate care. Referral for further diagnosis or management to a medical physician or other health care provider will be suggested based on history and examination findings.

Listed below are summaries of both common and rare side-effects/complications associated with chiropractic care:

Common ^{1,2}

- *Reactions most commonly reported are local soreness/discomfort (53%), headaches (12%), tiredness (11%), radiating discomfort (10%), dizziness, the vast majority of which resolve within 48 hours*

Rare ^{3,4}

- Fractures or joint injuries in isolated cases with underlying physical defects, deformities or pathologies
- Physiotherapy burns due to some therapies
- Disc herniations
- Cauda Equina Syndrome ⁽²⁾ (1 case per 100 million adjustments)
- *Compromise of the vertebrobasilar artery (i.e. stroke) (range: 1 case per 400,000 to 1 million cervical spine adjustments [manipulations]). This associated risk is also found with consulting a medical doctor for patients under the age of 45 and is higher for those older than 45 when seeing a medical doctor.*

Please indicate to your doctor if you have headache or neck pain that is the worst you have every felt⁽³⁾

I understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. I also understand that my condition may worsen and referral may be necessary if a course of chiropractic care does not help or improve my condition.

Reasonable alternatives to these procedures have been explained to me including prescription medications, over-the-counter medications, possible surgery, and non-treatment. Listed below are summaries of concern with the associated alternative procedures.

- Long-term use or overuse of medication carries some risk of dependency with the use of pain medication the risk of gastrointestinal bleeding among other risks
- Surgical risks may include unsuccessful outcome, complications such as infection, pain, reactions to anesthesia, and prolonged recovery⁵.
- Potential risks of refusing or neglecting care may result in increased pain, restricted motion, increased inflammation, and worsening of my condition⁶

Neck and back pain generally improve in time, however, recurrence is common. Remaining active and positive improve your chances of recovery.

1. Thiel HW, Bohon JE, Docherty S, Portlock JC. Safety of chiropractic manipulation of the cervical spine: a prospective national survey. *Spine*. Oct 1 2007;32(21):2375-2378; discussion 2379.
2. Rubinsten SM, Leboeuf-Yde C, Knof DL, de Koekkoek TE, Picotte CH, van Tulder MW. The benefits outweigh the risks for patients undergoing chiropractic care for neck pain: a prospective, multicenter, cohort study. *J Manipulative Physiol Ther*. Jul-Aug 2007;30(6):408-418.
3. Cassidy JD, Boyle E, Cote P, et al. Risk of vertebrobasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. *Spine*. Feb 15 2008;33(4 Suppl):S176-183.
4. Boyle E, Cote P, Grier AR, Cassidy JD. Examining vertebrobasilar artery stroke in two Canadian provinces. *Spine*. Feb 15 2008;33(4 Suppl):S170-175.
5. Carragee DJ, Hartsuz EL, Cheng L, et al. Treatment of neck pain: injections and surgical interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. Feb 15 2008;33(4 Suppl):S153-169.
6. Carroll LJ, Hogg-Johnson S, van der Velde G, et al. Course and prognostic factors for neck pain in the general population: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. Feb 15 2008;33(4 Suppl):S75-82.



Appointment Cancellation Policy

At Horst Chiropractic there is nothing more important than our commitment to your health. We take this responsibility very seriously. In an attempt to be consistent with this, we have an Appointment Cancellation Policy that allows us to schedule appointments for all patients. Due to the busy nature of our practice, a scheduled appointment means that time has been reserved only for you and with an early cancellation it will give another person the possibility to have access to timely care.

Our policy is as follows:

We request that you please give our office a 3 hour notice in the event that you need to reschedule/or cancel your appointment with Dr. Horst. This allows other hurting patients to be scheduled into that appointment. It also makes it possible to reschedule your appointment more efficiently. If a patient misses/or cancels an appointment with less than a 3 hour notice, this is considered a missed/late cancellation appointment and **a fee of \$30 will be charged at the patient next visit.**

To cancel appointments please call 951-693-2208. If you do not reach the receptionist, you may leave a detailed message on the voice mail system 24 hours a day. We will call you to reschedule your appointment first thing the following business day. You may also cancel via email: horstchiropractic@gmail.com.

If you have any questions regarding this policy, please let our front desk staff know and we will be glad to clarify any question you have.

We want to thank you for choosing us as your Chiropractic health provider. In order to provide you and our other Patients with the best optimal care, we request that you follow our guidelines regarding missed/or cancelled appointment.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms.

Patient's Signature

Date