

ABOUT THE PATIENT

Fit For Life Chiropractic, 312 E. Holly Blvd, Brandon, SD 57005

Name _____ Today's Date _____ Birthdate _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Height _____ Weight _____ Gender M F
 Significant Other's Name _____ Kid's Names and Ages _____
 Your Employer _____ Type of Work _____
 e-Mail Address _____ Have you been to a chiropractor before? No Yes
 Emergency Contact _____ ph # _____
 Name of Medical Doctor(s) _____

- I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child.
- I authorize **Fit For Life Chiropractic** to release and / or request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient? _____
- I understand that after any initial promotional services all care is rendered at usual and customary fees.
- For my balance my preferred payment method is: Cash Check Credit Card Car/Work Ins.
-

REASON FOR SEEKING CARE

PRESENT COMPLAINTS

1. _____ How long has this been an issue? _____ Pain Scale 0-10 (ten being the worst)? _____
 Is it: Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse
 Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to _____

2. _____ How long has this been an issue? _____ Pain Scale 0-10 (ten being the worst)? _____
 Is it: Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse
 Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to _____

3. _____ How long has this been an issue? _____ Pain Scale 0-10 (ten being the worst)? _____
 Is it: Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse
 Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to _____

4. _____ How long has this been an issue? _____ Pain Scale 0-10 (ten being the worst)? _____
 Is it: Dull Sharp Ache Numb / Tingle Stabbing Constant Occasional Staying the same Getting worse
 Mild Moderate Severe Worse in the morning Worse in evening Pain radiates to _____

5. Does your condition affect: Sleep Work Daily Routine Sitting Driving

6. What makes it better? _____

7. What makes it worse? _____

8. What Doctor's have you seen for this? _____

9. Type of treatment: _____

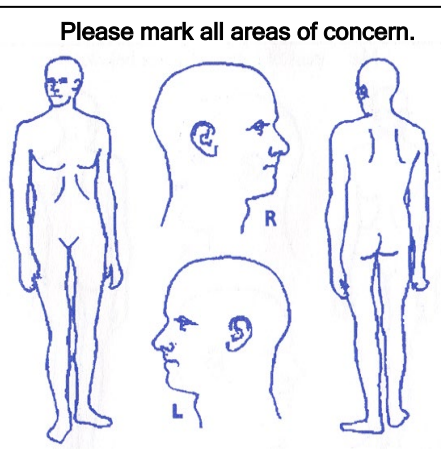
10. Results: _____

NOTES: _____

Are you pregnant?

Yes No

Please mark all areas of concern.



GENERAL HEALTH HISTORY

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Patient Name _____

Mark the conditions that apply to you.

Past Present

- Headaches
- Migraines
- Shortness of Breath
- Allergies / Asthma
- Medication Side Effects
- Diabetes
- Hands or Feet cold
- Muscle aches
- Trouble Walking
- Leg / Foot Numbness
- Fainting
- Gall Bladder Trouble
- Ringing in Ears
- Ear Problems
- Sleeping Problems
- Vision Problems
- Thyroid Problems
- Liver Disease
- Kidney Problems
- Light Bothers Eyes
- Other _____

Past Present

- Urinary Problems
- Easy Bruising
- Tobacco Use
- Dental Problems
- Fibromyalgia
- Blood Thinner use
- HIV Positive
- Cancer
- Depression
- Alcohol Use
- ___High or ___Low Blood Pressure
- Stroke History
- High Cholesterol
- TMJ
- Digestive Problems
- Pain all Over
- Tension / Irritability
- Chest Pains
- Heart Pacemaker
- Heart Problems

Overall Health- Excellent Very Good Good Fair Poor

Do you perform exercise? _____

1. List any medications/supplements you are taking: _____

2. Please list all doctors you are currently seeing: _____

3. Has any Doctor or other professional advised you to "Go to a Chiropractor": No Yes, Name _____

PAST HISTORY

4. List any past auto collisions: _____ Was any care received? _____

5. List any past work injuries: _____ Was any care received? _____

6. List any past sport, recreational, or home injuries _____

7. Please describe any past conditions and treatment received: _____

FAMILY HISTORY

Father's side: Heart Disease Cancer Diabetes Heavy Medication use Arthritis Other _____

Mother's side: Heart Disease Cancer Diabetes Heavy Medication use Arthritis Other _____

Is there any other family history you want us to know? _____

OFFICE POLICY

Fit For Life Chiropractic, 312 E. Holly Blvd, Brandon, SD 57005

SPINAL CHECK-UP:

- We recommend everyone have their spine checked early for spinal problems. Prevention is the best medicine.
- Children especially to see if their spine is developing abnormally. A spinal check-up is easy and fun for kids.

WE ALSO OFFER:

- Supplements, ice packs, nutritional/exercise counseling.
Please ask if you have any questions about these services!

AGREEMENTS FOR TOP RESULTS: INITIAL: _____

- Remember it takes time and effort to improve your health. *No time + No effort = No results*
- I understand that adjusting time is for adjustments and I can always talk to the Doctor by special appointment or phone call. He is here to help you any way he can. We want you to do great! 😊

APPOINTMENT AGREEMENT: INITIAL: _____

- Please keep your appointments and make-up any missed or rescheduled visits within a day whenever possible.
- Please call if you are going to be late or need to reschedule.
- **Third No Call/No Show:** may result in \$25.00 fee.
 - Additional occurrences may result in a \$50.00 fee. *(This will be at Office discretion)*
- **Late cancellations:** please cancel within 5 hours of appointment time, failure to do so may result in a \$10.00 late cancellation fee after the third occurrence.

PHOTO POLICY: INITIAL: _____

- I agree to allow my/family name, photo, video, or testimonial to be used during the normal course of business.
 - **Please Check:** YES _____ NO _____

OFFICE VISITS MAY INCLUDE:

- **Specific Chiropractic Adjustments** to promote mobility, stimulate tissue, enhance alignment. This is when the Doctor works directly on your neck or back, sometimes making a popping sound. **\$50 to \$75**
- **Extremity Adjustments** to promote mobility, stimulate tissue, enhance alignment of extremity joints. **\$45**
- **Intersegmental / Mechanical traction** to tense / relax soft tissues, aid healing and mobility. This is the black table with the rollers that effectively extend, stretch, and traction the spine. **\$30**
- **Heat and Cold** for sub-acute or chronic conditions and to reduce Swelling. The digital heat pack used on the area of concern and the ice pack used on the area of concern.. **\$20**
- **Electric Muscle Stim.** To control swelling, modulate pain, tone muscles. **\$40**
- **Manual Therapy / Manual Traction** to modulate pain, increase flexibility, reduce swelling, mobilize soft tissues. This is hands-on work to your spine or other joints, performed by the Doctor. **\$45**
- **Therapeutic Exercises** to improve spinal flexibility, strength and motion. These are stretches or exercises that you perform or the Doctor administers to you. Excellent for the neck, mid, and lower back. **\$45 per unit**
- **Neuro Muscular Re-Education** to develop and improve coordination and balance, as well as promote flexibility and strength. An example is the Wobble chair the Doctor has you exercise with. **\$45 per unit**
- **Myofascial release** muscle work to reduce muscular adhesions and aid healing. This is commonly called 'Massage' or "Trigger point Therapy" and can be performed in sessions of 15 to 90 minutes. **\$40 per unit**
- **Home and / or Work** Activity of Daily Living Counseling **\$50**

Patient: _____ Date _____ Staff _____

Paying for your care is easy here!

Mark and initial which one is you:

- No Insurance:**
- Easy! Our Care Plans and simple payment arrangements have helped over 1500 people and will work great for you too!
- Initial* _____

- Health Insurance:**
- These days, insurance pays very little if anything for natural drugless care to get you healthy. So, we make it easy!
 - We will verify any benefits you may have and send your claims in to your insurance for you.
 - If they pay anything after your deductible is met, we will accept payment directly from them.
 - You are responsible for any deductible, co-insurance, co-pays and unpaid visits.
 - Of course, you can use your HSA, HRA and Flex dollars here!
 - For your convenience, all payment arrangements are made in advance. We will never surprise you with a bill in the mail.

Initial _____

- Auto Injury**
- Auto related injuries are covered 90-100% in SD. Even if you were at fault or were a passenger. You can get the care you need and it costs you very little to nothing. Great for you!
 - All we need is your claim number, insurance, and attorney info.

Initial _____

- Work Injury**
- Work injuries are covered 100% for up to 12 weeks of care.
 - All we need is your claim number and Work Comp ins. info.

Initial _____

- Medicare**
- Regardless of your condition, Medicare pays for up to a maximum of 12 weeks of care. They have very strict rules and limitations.
 - After this you will receive a significant Medicare discount. We simply need a copy of your Medicare card.
 - Medicare supplements normally don't pay anything.

Initial _____