

# 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.
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## 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: \_\_\_\_\_

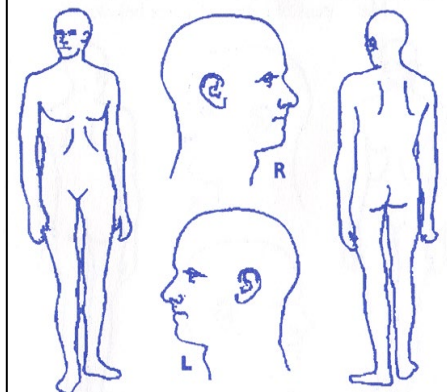
10. Results: \_\_\_\_\_

NOTES: \_\_\_\_\_

**Are you pregnant?**

- Yes  No

Please mark all areas of concern.



# GENERAL HEALTH HISTORY

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

Patient Name _____		<i>Mark the conditions that apply to you.</i>	
Past	Present	Past	Present
<input type="checkbox"/>	<input type="checkbox"/> Headaches	<input type="checkbox"/>	<input type="checkbox"/> Vision Problems
<input type="checkbox"/>	<input type="checkbox"/> Ear Infections	<input type="checkbox"/>	<input type="checkbox"/> Sleeping Problems
<input type="checkbox"/>	<input type="checkbox"/> Colic	<input type="checkbox"/>	<input type="checkbox"/> Growing Pains
<input type="checkbox"/>	<input type="checkbox"/> Allergies / Asthma	<input type="checkbox"/>	<input type="checkbox"/> Dental Problems
<input type="checkbox"/>	<input type="checkbox"/> Medication Side Effects	<input type="checkbox"/>	<input type="checkbox"/> Temper Tantrums
<input type="checkbox"/>	<input type="checkbox"/> Recurring Fevers	<input type="checkbox"/>	<input type="checkbox"/> ADHD
<input type="checkbox"/>	<input type="checkbox"/> Digestive problems	<input type="checkbox"/>	<input type="checkbox"/> Seizures
<input type="checkbox"/>	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/> Scoliosis
<input type="checkbox"/>	<input type="checkbox"/> Chronic Colds/Sinus	<input type="checkbox"/>	<input type="checkbox"/> Ever Needed Stitches
<input type="checkbox"/>	<input type="checkbox"/> Other _____		

Overall Health-    Excellent    Very Good    Good    Fair    Poor

Do you Perform exercise? \_\_\_\_\_

1. List any medications/supplements being taken: \_\_\_\_\_

2. Number of courses of Antibiotics child has taken in the last 6 mo. \_\_\_\_\_ Total during lifetime \_\_\_\_\_

3. Name of Pediatrician and Other Doctors: \_\_\_\_\_

4. Date of Last Visit \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

5. Name of Obstetrician/Midwife: \_\_\_\_\_

6. Location of Birth:     Hospital     Birthing Center     Home

7. Complications During Pregnancy:     No     Yes Explain: \_\_\_\_\_

8. Ultrasounds During Pregnancy:     No     Yes How Many: \_\_\_\_\_

9. Medication During Pregnancy / Delivery     No     Yes

List: \_\_\_\_\_

10. Cigarette / Alcohol Use during Pregnancy:     No     Yes

# PAST HISTORY

12. List any past auto collisions: _____	Was any care received? _____
13. List any past falls bumps bruises: _____	Was any care received? _____
14. List any past sport, recreational, or home injuries: _____	
15. Please describe any past conditions and treatment received: _____	
16. Please list any past hospitalizations and surgeries: _____	

# FAMILY HISTORY

Father's side: <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heavy Medication use <input type="checkbox"/> Arthritis <input type="checkbox"/> Other _____
Mother's side: <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heavy Medication use <input type="checkbox"/> Arthritis <input type="checkbox"/> 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 or Cold** for sub-acute or chronic conditions and to reduce swelling. The digital heat pack used on the area of concern. 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* \_\_\_\_\_