



Electronic Health Records Intake Form

Due to changes in government health care, providers are required to report on the following information.

First Name: _____ **Last Name:** _____

DOB: __/__/____ **Gender (Circle one):** Male / Female **Preferred Language:** _____

Smoking Status (Circle one): Everyday Smoker / Occasional Smoker / Former Smoker / Never Smoked

The government requires providers to report both race and ethnicity

Race (Circle one): American Indian or Alaska Native / Asian / Black or African American / White (Caucasian)
Native Hawaiian or Pacific Islander / Other / I Decline to Answer

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Are you currently taking any medications? (Please include regularly used over the counter medications)

Medication Name	Dosage & Frequency (i.e. 5mg once a day, etc.)

Do you have any medication allergies?

Medication Name	Reaction	Onset Date

I choose to decline receipt of my clinical summary after every visit (*These summaries are often blank as a result of the nature and frequency of chiropractic care.*)

Signature: _____ **Date:** _____

Height: _____	Weight: _____	Blood Pressure: _____ / _____
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Informed Consent for Chiropractic Care

Nature of Chiropractic Care: The doctor will use his/her hands or a mechanical device in order to adjust your joints, thus allowing the nerves to work without impairment. You may feel a “click” or “pop,” such as the noise when a knuckle is “cracked;” this noise is from gas bubbles stored within the joint. You may also feel the movement of the joint. Various ancillary procedures such as hot or cold pack, or electric muscle stimulation may also be used.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation complex; however, if during a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will inform you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Possible Risks and Occurrences: As with any health care procedure, complications are possible following a chiropractic adjustment. Complications could include muscular strain, ligamentous sprain, fractures of bone, rib injury, soft tissue injury, dislocations of joints, or injury to intervertebral disc, nerve or spinal cord. The risk of these complications due to chiropractic care have been described as “rare,” about as often as complications of taking a single tablet of aspirin. A minority of patients may notice stiffness or soreness after the first few days of care. Cerebrovascular injury, or stroke, could occur upon severe injury to arteries of the neck. This risk has been estimated between one in one million and one in ten million. The risk is even further reduced by screening procedures. The ancillary procedures could produce skin irritation, burns, or other minor complications. The probability of this happening is also considered “rare.”

Other Treatment Options through Medical Means:

Over-the-Counter Analgesics: *The risks of these medications include irritation to the stomach, liver, and kidneys in a significant number of cases.*

Medical Care: *Typically, anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable effects and patient dependence in a significant number of cases.*

Hospitalization: *In conjunction with medical care adds the risk of exposure to virulent communicable disease in a significant number of cases.*

Surgery: *In conjunction with medical care adds the risk of adverse reaction to anesthesia, as well as extended convalescent period in a significant number of cases.*

Remaining Untreated: *Delay in care allows formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of care will complicate the condition and make future rehabilitation more difficult or impossible.*

I have read the above explanation of chiropractic care. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing care. I have freely decided to undergo the recommended care and hereby give my full consent to care.

Printed Name

Signature

Date
