

Welcome

Please fill out the forms below to the best of your knowledge. If you have questions, please ask.

Patient Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ **Birthday** _____

SS# (required for billing): _____

Employer _____ Occupation _____

Notify in case of emergency _____ Phone _____

How did you hear about us? website | social media | google | referred by _____

Would you like to receive text message reminders for future appointment(s)? Yes | No

Reason for Visit (please circle)

Reason for visit: neck | upper back | middle back | low back | arm | leg | other _____

When did symptoms begin: (date) _____ Have you had similar conditions in the past: yes | no

How did your injury occur: work | auto accident | prior injury | unknown

Is the pain getting: worse | stays the same | comes & goes Do you have this pain often? yes | no

Is the pain worse in the: morning | afternoon | evening | unchanged

Is the pain traveling to other locations: Yes | No If yes, where: _____

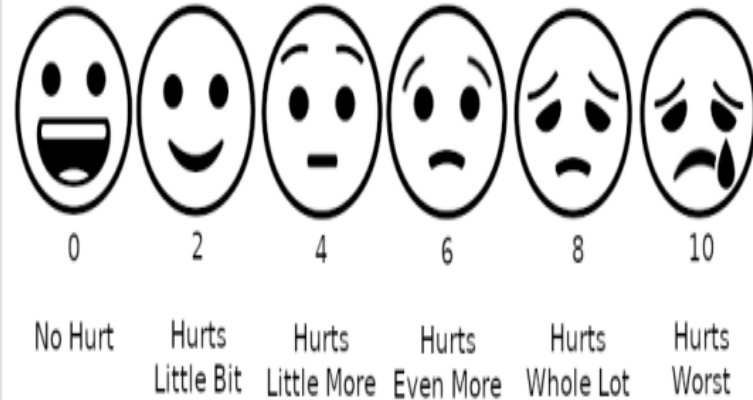
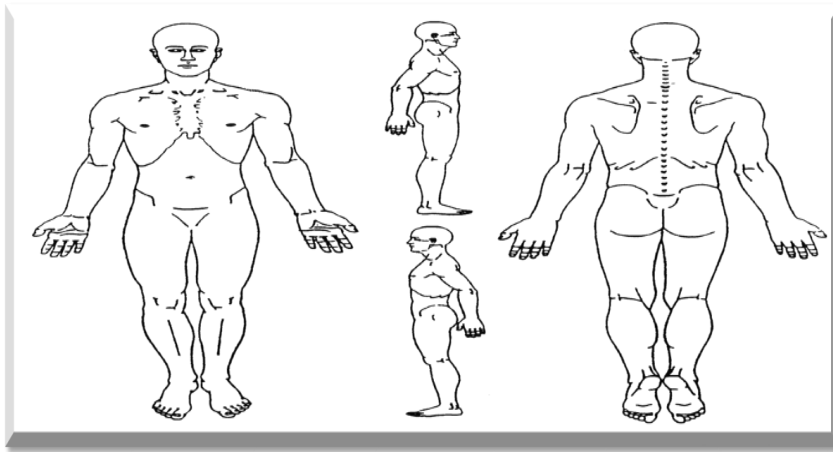
How would you describe the pain: achy | burning | dull | sharp | throbbing | weak | numb | sore

Activities or movements that are difficult to perform: sitting | standing | walking | bending | sleep

laying down | going up & down stairs | daily routine | exercise | work

Is there anything that makes the pain better: cold | warmth | medications | rest | movement | other

Using the charts below please circle where you're experiencing discomfort and which number best represents how you'd rate your pain



Health & Medical

Have you used any prescription medications in the last 48 hours? yes | no

If yes, what condition(s) is the medication for? _____

Have you used any over the counter medications (Advil) in the last 48 hours? yes | no

Have you used any tobacco products today? yes | no

Please list any serious injuries or surgeries that you've had within the last ten years:

Have you ever had or currently have any of the following medical conditions? (Please check off)

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> heart attack \ stroke | <input type="checkbox"/> anemia | <input type="checkbox"/> diabetes | <input type="checkbox"/> gout |
| <input type="checkbox"/> congenital heart defect | <input type="checkbox"/> frequent earaches | <input type="checkbox"/> glaucoma | <input type="checkbox"/> ulcer |
| <input type="checkbox"/> seizures \ epilepsy | <input type="checkbox"/> ringing in ears | <input type="checkbox"/> artificial joints | <input type="checkbox"/> cancer |
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> autoimmune disorder | |

Females: Are you pregnant? yes | no If so, how far along? _____

Below you can read over the following: informed consent, HIPPA notice and financial agreement. If you have questions regarding these topics, please ask before signing. If you are a minor, please have your parent \ guardian sign:

Signature: _____ **Date:** _____

CHIROPRACTIC TREATMENT INFORMED PATINET CONSENT

A Doctor of Chiropractic uses spinal manipulative therapy! Dr. Nathan utilizes a hands-on technique to adjust you. During an adjustment you may experience an audible “pop” or “click sound like what you experience when you “crack” your knuckles. At this time, you may also feel a sense of movement or shift in your body (this is normal).

Analysis / Examination / Treatment As part of the analysis, examination and treatment Dr. Nathan might utilize at the following procedures:

- Orthopedic & neurological testing
- Vital signs & range of motion testing
- Muscle strength testing & postural analysis
- Radiographic studies & x-ray imagining (unless pregnant or unnecessary)
- Palpation & use of a nervoscope chiropractic tool (used to detect temperature change)
- Spinal and \ or extremity manipulative treatment(s)

Radiographic diagnosis: X-rays are taken in our office for several purposes the main reasoning is for safety! Full spine x-rays will be taken on you to analyze your spine for vertebral subluxations and to determine the appropriateness of chiropractic spinal adjustments. X-rays also help Dr. Nathan see what your issues are steaming from! On rare occasion, Dr. Nathan might discover an unusual finding such as a broken bone when reviewing your x-rays, you will be informed furthermore; if he feels that there is something that he cannot help you with there may be a possibly that he directs you to see a medical doctor for evaluation.

The material risks inherent in a chiropractic adjustment as with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to fractures, disc injures, dislocations, muscle strain, bruising, cervical myelopathy, costovertebral strains, and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. If you do, then please remember this is normal! Remember to ICE 20 minutes on and 30 minutes off throughout the day, this will help reduce swelling and discomfort. Dr. Khan will make every reasonable effort during the examination to screen for contraindications to care. However, if you have a condition that would otherwise not come to the doctor’s attention, it is your responsibility to inform the doctor. **The probability of those risks occurring** Fractures are rare occurrences and generally result from some underlying weakness of the bone, this is screened for during your history, examination, and x-ray. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been the subject of ongoing medical research and debate. The most current research on this topic is inconclusive as to specific incident of this complication occurring. If there is a casual relationship at all, it is extremely rare. Unfortunately, there is no recognizing screening procedure to identify patients with neck pain who are at risk

Other treatment options: Other treatment options for your condition may include self-administered, over-the-counter analgesics and rest, medical care and prescription drugs, surgery, hospitalization, If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options, and you may wish to discuss these with your primary healthcare provider.

The risk and dangers attendant to remaining untreated Remaining untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE.

PLEASE SIGN ABOVE I have read, or have had read to me, the above explanation of the chiropractic adjustment and related treatment. I have had my questions answered to my satisfaction. By signing below, I state that I have considered the risks involved in undergoing treatment and have decided that it is in my best interest to undergo chiropractic care. I agree and understand that if any of the risk involved with chiropractic care develop it is not at the fault of the doctor or Khan Chiropractic PLLC. Having been informed of the risk, I hereby give my consent to the treatment.

HIPPA PRIVACY ACT NOTICE

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. A full copy of HIPPA from will be provided upon request. The notice of privacy practice provides information about how we may utilize or disclose your protected health information. The notice contains a patient’s rights section describing your rights under the law. You agree by signature that you have reviewed the notice before signing this consent. The terms of the notice may change, if so you will be notified. You have the right to restrict how your health information is used and disclosed for treatment, payment and healthcare operations. We are not requested to agree with this restriction, but if we do, we shall honor this agreement. The HIPPA (health insurance portability and accountability act of 1996) law allows for the use of information for treatment, payment, or healthcare operations. By signing this form, you are consenting to the use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing signed by you. However, such a revocation will not be retroactive. By signing this form, you understand and agree that:

- Protected health information may be disclosed or used for treatment, payment or healthcare operations, the practice reserves the right to change the privacy policy as allowed by law, the practice has the right to restrict the use of information, the practice does not have to agree to this restriction, the patient has the right to revoke this consent in writing at any time and full disclosure will then cease, and the practice may condition receipt of treatment upon execution of this consent.

Please note that in our practice your health information is typically only used for insurance billing purposes if the insurance company asks for doctor’s notes in the case of auto accidents. You will be information that this information is going to be sent prior to the action being taken. In the case that another doctor’s offices request your medical record you’re record will be released to them if we receive signed release of information form from their office. By signing above, you acknowledge and authorize the above information.

Financial Agreement

Thank you for choosing Khan Chiropractic to be a part of your health care journey! We ask that every patient reads and signs the following financial agreement before care is rendered. Your signature indicates an agreement between you, your insurance company, and our office. Care will not be rendered without signature on file.

You'll be responsible to pay for service fees at the time services are rendered this includes any copayments or coinsurance.

Our current new patient special is \$_____ this is our discounted rate and is not valid for insurance patients. If you're a cash patient, you'll receive a discounted rate on care if payment is made at the time services are rendered. Current cash price per visit is \$_____. Please note that we have the right to change rates without advanced notice.

Insurance patients, we bill in your claims as a courtesy to you! Please acknowledge if you choose to use your insurance plan, there will be no discounted rates applied. All services will be billed in at our full rate. Furthermore, you are responsible to provide us with complete, accurate, and up-to-date insurance information to successfully bill your plan. It is your responsibility to obtain a pre-authorization request if needed before receiving services. We're not responsible for any limitations or denials via your insurance company this is an agreement between you and your plan. You are responsible for any payments related to your deductible, copay, coinsurance, or any denials.

We are not a participating provider with Medicare. Medicare patients will be asked to pay us at the time of service! Due to the Medicare fee schedule the initial visit for a Medicare patient is \$_____. Medicare does not cover x-rays, exams, or extraspinal manipulations at a chiropractic office. We will prepare and bill in the necessary paperwork for a possible reimbursement as a courtesy. If Medicare or your supplemental insurance plan reimburses you, you'll receive a paper check in the mail typically in an unmarked envelope. You'll be asked to sign an ABN form before services are rendered, this form states that you understand we are a non-par provider and what your rate(s) for care are.

Your insurance plan may refuse to fully cover or pay for your claims for any of the following reasons:

- You have not reached your deductible \ out of pocket maximum.
- Chiropractic is not a covered service
- Your plan is not effective.
- Medicare part B deductible is not reached

All accidental injury supplemental plans such as Aflac you'll be responsible to pay us at the time of service. These types of plans do not pay the provider, they reimburse the policy holder. We will provide you with CMS-1500 for you to send in.

In addition, if you make a payment via check and it's returned to our office for any reason, you'll be held responsible for the original amount in addition to the bounced check fee. In the rare event that a legal case arises you acknowledge, accept, and agree that all court related cost not limited to sheriff fees, lawyer fees, and court cost will be your responsibility. All overdue bills will receive a 5% interest fee, if no payment is made within 60 days from the original bill date your account will be sent into collections. By signing this agreement, you accept to the full financial responsibility as the patient or as the responsible party. Your signature verifies that you have read and understand your responsibilities and agree to these terms.

VITALS	HEIGHT		WEIGHT:	L	R	BP		PULSE	
Thoracolumbar ROM	Flexion 95		Rotation 35	L	R	(+) is painful on motion			
	Extension 35		Lat. Flex 35	L	R				
Posture	Head tilt	L	R	Anterior pelvis	L	R	Toe in		
	Head rotation	L	R	Antalgia	L	R	Toe out		
	Shoulder high	L	R	Heel walk	L	R			
	Anterior shoulder	L	R	Toe walk	L	R			
	Ilium high	L	R	Anterior head					
Dynamometer R/L handed	L knee	R	Deep Tendon Reflexes	Biceps	L+	R+			
	L out	R		Triceps	L+	R+			
	L up	R		Brachiorad	L+	R+			
				Patellar	L+	R+			
Pinch Grip	Median			Achilles	L+	R+			
	Ulnar								
Cervical ROM	Flexion 60		Rotation 85	L	R	(+) is painful on motion			
	Extension 50		Lat. Flex. 40	L	R				
Lumbar and Cervical Orthopedic	SLR	L	R	Soto Hall	L	R	Foramina	L	
	Dbl leg rasie	L	R	Derifeild	L	R	Compression	M	
	Bragaeds	L	R	Nachlas	L	R		R	
	Dbl leg lower	L	R	Bechtrews	L	R	Shoulder	L	
	Patrick Fabere	L	R	Kemps	L	R	Depressor	R	
Palpatory Tenderness	Suboccipital	L	R	Rhomboids	L	R			
	Levator Scapula	L	R	Quadratus lumborum	L	R			
	Trapezius	L	R	Gluteal	L	R			
Extremity Exam	ROM			Abduction					
	Flexion			External rotation					
	Extention			Internal roation					
	Adduction			Other					
<u>Instrumation and Palpation</u>									
<u>Breaks, Location, Pain</u>									
Cranial Nerves (OOOTTAFIGVAH)									
Dermatomes							Treatment Plan		
Notes:							Daily for		Days
							3/weeks		Weeks
							2/weeks		Weeks
							1/weeks		Weeks
Treatment							2/months		Months
Short Term Goals							Monthly		Months
Long Term Goals									
							Dr. Signature:		