



PATIENT INFORMATION

Last Name _____ First Name _____

Date of Birth ____/____/____ Age _____ Social Security Number _____ - ____ - ____

Address _____ City _____

State _____ Zip Code _____ Sex : **Male** **Female** Do you have children Y N How many _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Preferred contact Number Home Cell Cell Carrier _____

Email Address _____ @ _____ Marital Status _____

Employer _____ Occupation _____

Employer Address _____ Phone _____

Emergency Contact _____ -Phone _____

How did you hear about our office _____

Health Insurance

Name of Plan _____ ID# _____ Group# _____

Accident Information (skip if you were not involved in an accident)

Is your condition: Auto Work Other Date of Accident _____ Place _____

Your Insurance

Company _____ Claim# _____

Adjustors Name _____ Phone # _____

Do you have an Attorney Yes No if yes Attorney Name _____

Current Complaint

Please list your worst complaint _____ When did it start _____

How did it start _____ Is it : Improving Worsening Staying Same

What Aggravates it : _____

Have you seen other doctors for condition : _____

I, the undersigned, hereby give my consent for the doctor and or ANBPC to examine and treat my condition as he/she deems appropriate through the use of Medical and or Chiropractic care. I also give my consent to the doctor to take x-rays (if needed) or to perform other diagnostic aids as he/she deems appropriate in my case. • **WOMEN ONLY** I hereby declare that to the best of my knowledge I am not pregnant. If there is a chance that I may be pregnant, I will inform the doctor prior to my examination.

Patient Signature _____ Date _____

Parent Guardian if under 18

HISTORY FORM

Name _____

Date _____

Please circle your area of pain

Neck _____

Low Back _____

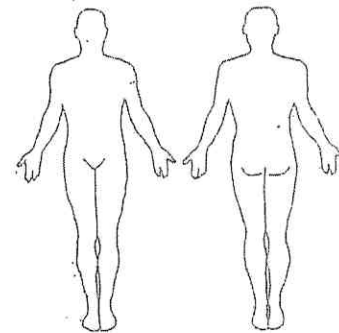
Mid Back _____

Shoulder _____

Hip _____

Headache _____

Other _____



Circle area of pain

List all operations (surgeries) you have ever had and how long ago.

What conditions do you have? i.e. Diabetes, Past Cancer, Asthma, High Blood Pressure, heart Attack, Stroke, Thyroid problems etc....

List all types of prescriptions medication you take.

What broken bones (fractures) have you had?

Have you had any recent infections? Yes No

Who is your family medical doctor (PCP)? _____

Please write anything else the doctor needs to know about you. _____

GENERAL/FINANCIAL POLICY:

Welcome to Albuquerque Neck and Back pain Center . We strive to provide you with excellent Chiropractic care in a clean, friendly, professional setting and our goal is to make your visits as convenient as possible.

By signing below, you confirm that you have read this policy and understand that:

- It is your responsibility to inform our office of any address or telephone number changes.
- Your account is to be kept current. All self pay or insurance copayments, co-insurances and deductibles will be collected at the time of service payable by cash, check, Visa, MasterCard
- If you do not have your payment (s), your appointment may be rescheduled..
- A returned check will result in a \$25.00 service charge and all future payments being required in the form of cash or credit card. • You will only be sent a statement if your balance exceeds \$5.00.
- If your account is turned over to a collection agency, you will be responsible for any costs incurred in collection of said balance, which may include collection agency fees your outstanding balance, court costs and attorney fees.

IF YOU HAVE HEALTH INSURANCE COVERAGE:

As a courtesy to you, our office will attempt to pre-verify your primary insurance coverage for your Chiropractic and Medical care. Coverage information is obtained from your insurance company using information provided by you prior to your initial visit. We must emphasize that as medical providers, our relationship is with you, not your insurance company. Please be advised that the information provided by your insurance company is not a guarantee of payment, only an estimate of what might be covered under your policy at the time of inquiry. By signing below you confirm you understand that:

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified.
- Not all services are a covered benefit with all insurance plans.
- It is your responsibility to be aware of what service (s) is being provided to you and if it is a covered benefit under your insurance.
- You are responsible for any non-covered charges not payable by your insurance policy.
- You are authorizing your health claims to be sent to any responsible insurance company. We will send all required claim forms and documentation to ensure your claims are processed in a timely manner.
- Final determination of benefits available is determined when the claim is sent to your insurance company and we receive an explanation of benefits from them.
- After all co-pays, contracted plan reductions and insurance payment credits are applied to your account; any remaining portion will be your responsibility.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, please do not hesitate to ask us. **WE ARE HERE TO HELP YOU.**

By signing below, you have read and understand the above Financial Policy and agree to meet all financial obligations.

Printed Name

Signature of Patient/Legal Guardian

Date

CONSENT TO TREAT A MINOR: I hereby authorize and give consent for the Albuquerque Neck and Back Pain Center to examine, and if needed, treat my minor child _____.

Print child's name here

Printed Name

Signature of Guardian/Parent

Date

AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION

Authorization for Use/Disclosure of Information: I voluntarily consent to authorize my health care provider Albuquerque Neck and Back Pain Center to use or disclose my Protected Health information during the term of this Authorization to the recipient(s) that I have identified below.

I authorize my health care information to be released to the following person that is not directly related to my care , I.E. Spouse or child

Name: _____

Relationship _____

Please check below what can be released

- ☐ Billing
- ☐ Medical Records and Treatment
- ☐ Appointment

Coordination of Care and Payment:

I authorize my health care information be release to any health care provider that is or will be involved in my present or past conditions/ injuries. I will allow release of Protected Health Information to my responsible Insurance Company, and if I retain a attorney in regard to a auto or work related injury, I authorize release of information to them.

Term: I understand that this Authorization will remain in effect

- ☐ Until the Provider fulfills this request.
- ☐ All payment has been received for treatment

Redisclosure: I understand that my health care provider cannot guarantee that the recipient will not redisclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.

Refusal to sign/right to revoke: I understand that signing this form is voluntary and that if I don't sign, it will not affect the commencement, continuation or quality of my treatment . If I change my mind, I understand that I can revoke this authorization by providing a written notice of revocation to the address listed below. The revocation will be effective immediately upon my health care provider's receipt of my written notice, except that the revocation will not have any effect on any action taken by my health care provider in reliance on this Authorization before it received my written notice of revocation.

Questions: I may contact Albuquerque Neck and Back Pain Center for answers to my questions about the privacy of my health information at 1415 University Ne Ste A Albuquerque, NM 87102 or by telephone at (505)243-1313.

Signature

Date

If Individual is unable to sign this Authorization, please complete the information below:

Name of Guardian/

Legal Relationship

Date

INFORMED CONSENT OF POSSIBLE INJURY

I understand that there is always a possibility that an injury may occur with any health care treatment in this office or any other office. Although the possibility of injury is very small there is still a chance that I can be injured in this office. Possible injuries may include but are not limited to :

Burns	Rashes	Fracture
Stroke	Heart Attack	Increased Symptoms
Herniated Disk	Infections	Injury due to fall off table
Bruises	Strains	Sprains
Neurologic Problems	Pulmonary Infarct	

Care at this office may include:

- Manipulation/ Joint Adjustments
- Physiotherapy i.e. Ultrasound, Electrical Stimulation, Hot and Cold Therapy, or diathermy or Mechanical traction.
- Massage Therapy/ Deep Muscle work
- Rehabilitation/ Physical Therapy Exercises
- Trigger Point or Joint Injections

I am aware that there can always be a negative reaction to treatment, exercises or human contact and I still would like to receive care. I know that I have ability to receive alternate types of care such as seeing my Primary care provider an orthopedic surgeon or another type of healthcare provider for my condition. I also am aware that chiropractic care is not a primary treatment for cancer.

Patients Signature

Date signed

Witness Signature

Date signed

** I have received the article on Chiropractic Safety _____
Initials of Patient

Healthy Living

Patient Information from the American Chiropractic Association

How Safe Is Chiropractic Care?

Chiropractic is widely recognized as one of the safest drug-free, non-invasive therapies available for the treatment of back pain, neck pain, headaches, joint pain of the arms or legs, and other neuromusculoskeletal complaints. Although chiropractic has an excellent safety record, no health treatment is completely free of potential adverse effects.

The risks associated with chiropractic, however, are very small. Many patients feel immediate relief following chiropractic treatment. But some may experience mild soreness or aching, just as they might after exercise. Current literature shows that minor discomfort or soreness following spinal manipulation typically fades within 24 hours.¹

In addition to being a safe form of treatment, spinal manipulation is incredibly effective, getting patients back on their feet faster than traditional medical care. Giles and Muller found that spinal manipulation may provide better short-term relief of chronic spinal pain than a variety of medications.² Two years later, they found that for treating chronic mechanical low-back pain and neck pain, spinal manipulation may provide broader and more significant long-term benefits than acupuncture or pain-relief medication.³

Neck Adjustments

Neck pain and some types of headaches are sometimes treated through neck adjustment. Neck adjustment (often called cervical manipulation) works to improve joint mobility in the neck, restoring range of motion and reducing muscle spasm, which helps relieve pressure and tension. Neck adjustment is a precise procedure that is generally applied by hand to the joints of the neck. Patients typically notice a reduction in pain, soreness, and stiffness, along with an improved ability to move the neck.

Although neck manipulation is a remarkably safe procedure, some reports have associated high-velocity manipulation of the neck with a rare injury to one of the arteries in the neck, which can lead to a certain kind of stroke. However, the most recent study, published in the February 2008 edition of *Spine*, suggests that patients are no more likely to suffer a stroke following a chiropractic neck treat-



ment than they are after visiting their family doctor's office—and concluded that vertebral artery (VBA) stroke is a very rare event.⁴

The study, which analyzed nine years' worth of data, also suggests that any observed association between a vertebral artery (VBA) stroke and chiropractic manipulation most likely comes about when patients with an undiagnosed vertebral artery dissection seek care for neck pain and headache before they have a stroke. In other words, patients with a pre-existing arterial injury are sometimes treated by a doctor of chiropractic for what seems to be a simple case of neck pain. Instead, patients' discomfort turns out to be an evolving case of injury to a neck artery.

This type of arterial injury often takes place spontaneously or following everyday activities such as turning the head while driving, swimming, or having a shampoo in a hair salon. Patients with this condition may experience neck pain and headache that lead them to seek professional care, but the care they receive at that time is not the cause of the injury.

The best evidence indicates that the incidence of artery injuries associated with high-velocity upper neck manipulation is extremely rare—about 1 case in 5.85 million

Healthy Living

manipulations.⁵ To put this risk into perspective, if you drive more than a mile to get to your chiropractic appointment, you are at greater risk of serious injury from a car accident than from your chiropractic visit.

It is important for patients to understand the risks associated with some of the most common treatments for neck and back pain—prescription and over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs)—as these options may carry risks significantly greater than those of manipulation. According to a study from the *American Journal of Gastroenterology*, approximately one-third of all hospitalizations and deaths related to gastrointestinal bleeding can be attributed to the use of aspirin or NSAIDs such as ibuprofen.⁶

Furthermore, surgery for conditions for which manipulation may also be used carries risks many times greater than those of chiropractic treatment. Even prolonged bed rest poses some risks, including muscle atrophy, cardiopulmonary deconditioning, bone mineral loss, and thromboembolism.⁷

Researchers recently completed a comprehensive review of scientific evidence related to neck pain treatments. They found at least as much evidence supporting the safety and effectiveness of common chiropractic treatments, including manipulation, as for other treatments such as prescription and non-prescription drugs and surgery.⁸

If you are visiting your doctor of chiropractic with upper-neck pain or headache, be very specific about your symptoms. This will help your doctor offer the safest and most effective treatment, even if it involves referral to another health care provider. If the issue of stroke concerns you, do not hesitate to discuss it with your doctor of chiropractic. Depending on your clinical condition, he or she can forgo manipulation and instead can recommend joint mobilization, therapeutic exercise, soft-tissue techniques, or other therapies.

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Research Ongoing

ACA believes that patients have the right to know about the health benefits and risks associated with any type of treatment, including chiropractic. Today, chiropractic researchers are studying the benefits and risks of spinal adjustment in the treatment of neck and back pain through clinical trials and literature reviews.

All available evidence demonstrates that chiropractic treatment holds an extremely small risk. The chiropractic profession takes this issue very seriously and engages in training and postgraduate courses to recognize the risk factors in patients, and to continue rendering treatment in the most effective and responsible manner. ■

References:

1. Senstad O, et al. Frequency and characteristics of side effects of spinal manipulative therapy. *Spine* 1997 Feb 15;435-440.
2. Giles LGF, Muller R. Chronic spinal pain: a randomized clinical trial comparing medication, acupuncture, and spinal manipulation. *Spine* 2003, 15 July;28(14):1490-1502.
3. Muller R, Giles LGF. Long-term follow-up of a randomized clinical trial assessing the efficacy of medication, acupuncture, and spinal manipulation for chronic mechanical spinal pain syndromes. *J Manip Physiol Ther* 2005;28(1):3-11.
4. Cassidy D, et al. Risk of vertebrobasilar stroke and chiropractic care. *Spine* 2008;33(4S):S176-S183.
5. Haldeman S, et al. Arterial dissection following cervical manipulation: a chiropractic experience. *Can Med Assoc J* 2001;165(7):905-06.
6. Lanas A, et al. A nationwide study of mortality associated with hospital admission due to severe gastrointestinal events and those associated with nonsteroidal anti-inflammatory drug use. *Am J Gastroenterol* 2005;100:1685-1693.
7. Lauretti W. The Comparative Safety of Chiropractic. In Daniel Redwood, ed., *Contemporary Chiropractic*. NY: Churchill Livingstone, 1997, p. 230-8.
8. Hurwitz E, et al. Treatment of neck pain: noninvasive interventions. *Spine* 2008;33(4S):S123-S152.



For more information on prevention and wellness, or to find a doctor of chiropractic near you, go to the Patient Information section on ACA's Web site at www.acatoday.org or call 800-986-4636.



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