



Terms of Acceptance and Informed Consent
Please read and ask questions before signing.

Here at The Spine Worx, when a patient seeks chiropractic care or acupuncture, and the patient’s case is accepted, it is essential for both parties to be working toward the same objective.

At The Spine Worx, no offer is made to diagnose or treat any disease or condition other than vertebral subluxation or qi blockage. Regardless of what a disease is called, no offer is made to treat a named disease. If during the course of analysis and examination, unusual non-chiropractic / acupuncture findings are encountered, you will be advised. If you desire advice, diagnosis, or treatment for those findings, it is recommended that you seek the services of a health care provider that specializes in that area. You have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit. It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. No offer is made for the advice regarding treatment prescribed by others. Our only practice objective is to correct vertebral subluxation with chiropractic adjustments or facilitate the flow of qi with acupuncture.

HEALTH: A state of **optimal** physical, mental, and social well-being, **not** merely the absence of disease or infirmity.

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body’s innate ability to express its maximum health potential.

ADJUSTMENT: The specific application of forces to facilitate the body’s correction of vertebral subluxation. The method of correction used is by specific adjustments of the spine.

ACUPUNCTURE: The ancient oriental art and science of inserting *extremely* fine needles into the body to open and unblock energy or what the Chinese call *qi* to promote health. Acupuncturists may also use low voltage electrical instruments to stimulate acupuncture points. Acupuncture points are stimulated in such a way as to increase, decrease, or even redirect the flow of qi energy in the body. This is a very simple explanation for the complex process that takes place in the body during acupuncture.

MASSAGE THERAPY: Is the application of massage techniques on the human body and includes: (A) the use of touch, pressure, percussion, kneading, movement, positioning, nonspecific stretching, stretching within the normal anatomical range of movement, and holding, with or without the use of massage devices that mimic or enhance manual measures; and (B) the external application of heat, cold, water, ice, stones, lubricants, abrasives, and topical preparations that are not classified as prescription drugs; and does not include: spinal manipulation, diagnosis, or prescribing drugs.

As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. A rare but serious condition known as an “arterial dissection” caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache and a percentage of these patients will experience a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not and have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. The reported association between chiropractic visits and stroke is very rare and estimated to be related in one in one million to one in two million cervical adjustments.

ATTENTION: This facility is NOT enrolled in and does NOT participate in the Medicare program. If you are a Medicare beneficiary, you must seek care elsewhere.

By signing this form, you are stating that:

- ⇒ You have read and understand the information regarding the practice of chiropractic and acupuncture at this clinic;
- ⇒ You seek and accept care at this clinic based on the detailed information above;
- ⇒ You authorize the release of any information necessary to obtain payment for services;
- ⇒ You are financially responsible for all services rendered;
- ⇒ You verify that you are NOT a Medicare beneficiary.

Signature of Patient, Parent, or Legal Guardian

Date

TELL US ABOUT YOU...

Name: _____ Signature _____ Date of Birth ___/___/___

#1 Details about your problem.

When did it start? _____

What caused it?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Overexertion | <input type="checkbox"/> Abnormal Posture |
| <input type="checkbox"/> Car Accident | <input type="checkbox"/> Repetitive Activity |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Fall/Slip/Trip |
| <input type="checkbox"/> OTHER | |

How does it feel?

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Aching Pain | <input type="checkbox"/> Sharp |
| <input type="checkbox"/> Burning Pain | <input type="checkbox"/> Shooting |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Dull Ache | <input type="checkbox"/> Throbbing |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Tingling |

What makes it better?

- | | |
|---|--|
| <input type="checkbox"/> Rest | <input type="checkbox"/> Movement/Exercise |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Cold / Ice Packs |
| <input type="checkbox"/> Wrapping / Support | <input type="checkbox"/> Changing Position |
| <input type="checkbox"/> Other | <input type="checkbox"/> Nothing |

What makes it worse?

- | | |
|--|--|
| <input type="checkbox"/> Cough/Sneeze/BM | <input type="checkbox"/> Lift/Bend/Push/Pull |
| <input type="checkbox"/> Drive/Ride/Sit | <input type="checkbox"/> Walk/Run/Stand |
| <input type="checkbox"/> Changing Position | <input type="checkbox"/> Other |

WOMEN ONLY: Last Menstrual Period:

Birth Control? YES NO

#1 Continued

Any Prior Treatment?

- | | |
|---|---|
| <input type="checkbox"/> Medical Care/Drugs | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> None | |

Are you taking medications?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> None |
| <input type="checkbox"/> Prescriptions (list) | <input type="checkbox"/> Herbs (list) |

Have you had previous surgeries? Please list :

Please list previous serious injuries — include date, site of injury, and any treatment received.

Please list any chronic health care conditions (diabetes, high blood pressure, etc.)

#2 Have you had...? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Change in bowel or bladder function recently | <input type="checkbox"/> Fever for the previous 10-14 days |
| <input type="checkbox"/> History of cancer | <input type="checkbox"/> Recurrent infections |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Inner thigh numbness or weakness of arms or legs |
| <input type="checkbox"/> Prolonged use of corticosteroids | <input type="checkbox"/> History of stroke, TIA, or blood vessel disease |

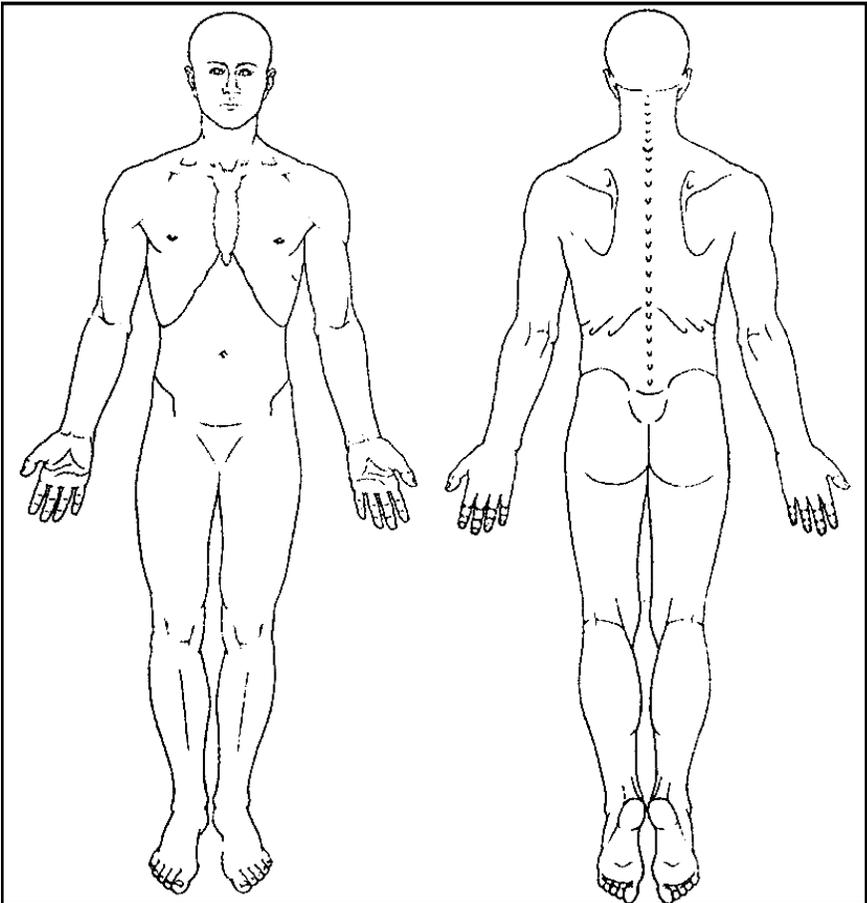
NOTES: _____

Have you had, or do you currently suffer from any of the following problems? Please CIRCLE the ones that apply to you.

- Fatigue, Fevers, Weight Change YES NO
- Headaches, migraines, Dizziness YES NO
- Sleep disturbance YES NO
- Vision Changes YES NO
- Sinus problems, Allergies YES NO
- Adenoid, tonsil problems, Throat Problems YES NO
- Hearing problems YES NO
- Earaches YES NO
- Neck Pain YES NO
- Shoulder problems, Elbow Problems, Hand Problems, YES NO
- Thyroid disorder YES NO
- Asthma, Chronic cough, lung disorder YES NO
- Midback Pain YES NO
- Gallbladder problems, Anemia, Liver Problems YES NO
- Nausea, heartburn, Indigestion, bloating YES NO
- Diabetes or Hypoglycemia YES NO
- Chronic Infections, Lowered Resistance YES NO
- Kidney problems, Skin Disorders YES NO
- Low back problems, Disc problems, Hip, leg, or foot pains YES NO
- Bladder troubles, Urinary Problems, Menstrual Disorders, Female Problems, ED, prostate problems YES NO
- Sciatica, Hemorrhoids, Cold feet, Restless legs, circulation problems YES NO
- Cancer, Osteoporosis YES NO

INSTRUCTIONS: Circle on the body where your problems are and use the symbols to show what type of pain you feel.

DULL / ACHE	SHARP / STAB	NUMB / COLD	BURN	TINGLE
XXXXX	\\\\\\\\	-----	###



What other health information we should know about?

Printed Name: _____

Signature: _____

Date: _____