Monta Vista Family Chiropractic

New Patient Information/Current Patient Updates

First Name: _____ Last Name: _____

Date of birth: _____

Referred by: _____

Home address: _____

City: _____ State: ____ Zip: _____

Contact information:

Cell #: _____ Home #: _____

Email: _____

Insurance company name:_____

Primary subscriber's name: _____

Primary subscriber's birthdate: _____

I attest that this knowledge is accurate.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

DOCTOR'S TREATMENT RECOMMENDATIONS			
	TIMES PER	WEEK/MONTH	FOR
	TIMES PER	WEEK/MONTH	FOR
	TIMES PER	WEEK/MONTH	FOR

APPROX REEVAL DATE: INITIAL:

MONTA VISTA FAMILY CHIROPRACTIC - INFORMED CONSENT

Chiropractic healthcare is concerned with the relationship between structure (primarily of the spine) and function (primarily of the nervous system). A doctor of chiropractic evaluates the patient using standard examination and testing procedures (such as orthopedic tests, neurologic evaluation, and x-rays) along with specialized chiropractic evaluation. The chiropractic evaluation focuses on structural and/or functional abnormalities called "subluxation." Subluxation exists when one or more vertebrae in the spine or a joint in an extremity is misaligned sufficiently to result in damage or irritation of the nearby nerves and/or tissues. The primary goal of chiropractic treatment is the removal of subluxation(s). This is accomplished by performing a procedure unique to the chiropractic profession called an "adjustment." A chiropractic adjustment involves the application of a quick, precise force directed over a very short distance to a specific vertebra or bone. There are a number of different techniques that may be used to deliver the adjustment. Adjustments are usually performed by hand but may also be performed by hand-guided instruments. In addition to adjustments, other treatments used by chiropractors include physiotherapy modalities (e.g. heat, ice, soft tissue manipulation), nutritional recommendations, and rehabilitative procedures.

As is the case with all health care interventions, the benefits of care must be weighed against the inherent risks and limitations of receiving treatment. Chiropractic treatments are one of the safest interventions available to the public as evidenced by malpractice statistics. While there are risks involved with treatment, these are seldom great enough to contraindicate care. Nonetheless, they must be considered when making the decision on whether or not to receive chiropractic care. Listed below are summaries of research articles that have addressed both common and rare complications associated with chiropractic care.

One research study indicated that within the first two months of care, approximately half of patients report some reaction to chiropractic treatment. Of those who report a reaction, the following are the most commonly reported reactions to initial chiropractic care[1]:

- Local discomfort
- Headache
- Tiredness
- Radiating discomfort

Most appeared within four hours of treatment and resolved within 24 hours.

Rare, yet possible complications:

- Rib fracture
- Disc herniation
- Cauda Equina Syndrome (1 case per 100 million adjustments)[2]

Through questioning and examination, we will do our best to determine what risk, if any, chiropractic care may pose to you and advise you of those risks as well as the possible need for medical referral. We may also suggest alternate chiropractic or medical approaches, as we deem appropriate[3].

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[1] Senstad O, et al. Frequency and characteristics of side effects of spinal manipulative therapy. Spine 1997; 22:435-41.

[2] Shekelle PG, et al. Spinal manipulation for low-back pain. Ann Intern Med. 1992; 117(7):590-8.

[3] Haldeman S, et al. Guidelines for chiropractic quality assurance and practice parameters. Aspen Publishers. 1997.

DO NOT SIGN THIS FORM UNTIL AFTER IT HAS BEEN REVIEWED BY THE DOCTOR

Please answer all of the following questions to help determine possible risk factors.

Question	Yes	No	Dr's Comments
Have you ever had an adverse (bad) reaction to or following chiropractic care?	☐	☐	
Have you ever been diagnosed with osteoporosis?	☐	☐	
Do you take corticosteroids (prednisone)?	☐	☐	
Have you been diagnosed with compression fracture of the spine?	☐	☐	
Have you been diagnosed with cancer?	☐	☐	
Do you have any metal implants?	☐	☐	
Do you take warfarin (coumadin), heparin, daily aspirin or other blood thinners?	☐	☐	
If you have a complaint of neck pain or headache, does the pain seem unlike anything you've ever experienced before?	☐	☐	
Have you ever been diagnosed with any of the following diseases?			
• Rheumatoid arthritis	☐	☐	
• Reiter's syndrome, ankylosing spondylitis, or psoriatic arthritis	☐	☐	
• Giant cell (temporal) arteritis	☐	☐	
• Osteogenesis imperfecta	☐	☐	
• Ligamentous hypermobility (Marfan's, Ehlers-Danlos)	☐	☐	
• Medial cystic necrosis (cystic mucoid degeneration)	☐	☐	
• Bechet's disease	☐	☐	
• Fibromuscular dysplasia	☐	☐	
Have you ever had dizziness or lost consciousness when turning your head?	☐	☐	
Have you had spinal surgery?	☐	☐	
Have you been diagnosed with spinal stenosis?	☐	☐	
Have you had any of the following problems?			
• Sudden weakness in arms or legs?	☐	☐	
• Numbness in genital area?	☐	☐	
• Recent inability to urinate or lack of control when urinating?	☐	☐	

PATIENT SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____
(if appropriate)

DOCTOR'S SIGNATURE:_____ DATE:_____

MONTA VISTA FAMILY CHIROPRACTIC
OFFICE POLICIES

- Appointments are 20 minutes and consist of adjustment, soft tissue therapy, and a biomechanics/exercise/stretching instruction if needed. Multiple symptoms requiring more time may be divided into separate appointments.

- If you are more than 10 minutes late you may be asked to wait for the next available appointment or to reschedule your appointment.

- We require four hours notice for appointment cancellations or there is a $20 charge.

- If you would like automated notification of upcoming appointments please make sure that we have a current email address.

- We make treatment recommendations to help you heal and achieve optimal health. If you decide to deviate from our suggested treatment plan you may not experience the full benefit of chiropractic care.

_____

Signature

_____

Date

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

In the course of your care as a patient at Monta Vista Family Chiropractic, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an electronic billing service, an insurance carrier, an HMO, or PPO, or your employer. if they are or may be responsible for enrollment information and premiums, processing of your claims, payment of your services, and/or resolving a grievance.
- Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders (if you are not at home, we may leave a message on your answering machine, or with a member of your household), to provide information about further care recommendations, or other related health information. You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.

You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purposes. Such requests are not automatic and require agreement of this office.

We are permitted and may be required to use or disclose your health information without your authorization in these following circumstances:

- If we provide health care services to you in an emergency.
- If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.
- If we are ordered by the courts or another appropriate agency.

You have a right to receive an accounting of any of the above disclosures made by this office.

Any use or disclosure of your protected health information, other than as described in the examples outlined above, will only be made upon your written authorization. If you provide an authorization for release of information you have the right to revoke that authorization at a later date.

We use administrative, technical, and physical safeguards to maintain the privacy of your protected health information. We must limit the disclosure of your protected health information to the minimum amount necessary to accomplish the purpose of the disclosure.

Information that we use or disclose based on this privacy notice may be subject to redisclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care, or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a specific form, please advise us in writing as to your preferences.

You have the right to inspect and/or copy your health information for as long as the information remains in our files. Requests to inspect or copy your health related information should be provided to us in writing: Lisa Stein, D.C. 21730 Stevens Creek Blvd. #102, Cupertino, CA 95014. We may charge a reasonable fee for providing copies of your protected health information.

You have a right to correct or update your protected health information. You may request an amendment of your protected health information for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. If your protected health information was sent to us by another party, we may refer you to that person(s) to amend your protected health information.

We are required by state and federal law to maintain the privacy of your patient file and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect.

We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

We provide open family style adjusting areas, a private exam and treatment room, and a private consultation room. If you wish privacy on a specific visit, please verbally request one of the private rooms at sign-in.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to:

Lisa Stein @ (408) 255-2592.

If you would like further information about our privacy policies and practices please contact:

Lisa Stein @ (408) 255-2592.

You also have the right to lodge a complaint with the Secretary of the Department of Health and Human Services. If you choose to lodge a complaint with this office or with the Secretary, your care will continue and you will not be disadvantaged by this office or our staff in any manner.

This notice is effective as of April 14th, 2003. This notice, and any alteration or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

Printed Name	Signature	Date

If you are a minor, or if another party is representing you:

Printed Name of Personal Rep.	Signature of Personal Rep.	Date

Description of the authority to act on behalf of the patient

Print Name:_____

Date: _____

Relaying of information: appointments, my case, and/or financial information may be relayed to me from Monta Vista Family Chiropractic:

_____ By email

_____
Enter email address you would like information sent to

_____ On voicemail

_____
Enter phone number that you would like called

_____ I would prefer that appointments, my case, and/or financial information not be left on my voicemail or be sent to me via email.

Primary Language: _____
Please pick one of the choices below:

_____ No, I do not require interpretive services

_____ No, I will use my family and/or friends for interpretive services

_____ Yes, I am requesting interpretive services for my primary language

Emergency Contact:

_____
Name of emergency contact

_____
Phone number of emergency contact

Signature of patient:_____