



# CHIRO CLEVELAND

RELIEF . STRENGTH . CHIROPRACTIC

## GENERAL INFORMATION:

PATIENT NAME:		DATE:
ADDRESS:		
CITY:	STATE:	ZIP:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	AGE:
SEX: M ♂ F ♀	CELL PHONE:	
HOME PHONE:	WORK PHONE:	
EMPLOYER:	POSITION:	
EMAIL ADDRESS:		
EMERGENCY CONTACT:	PHONE:	

WEIGHT:	HEIGHT:	MARITAL STATUS:
ALCOHOL: <input type="checkbox"/> NEVER <input type="checkbox"/> SOCIAL <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		SMOKING: <input type="checkbox"/> NO <input type="checkbox"/> YES - PACK PER DAY:

## PLEASE LIST ANY: (YEAR OCCURRED)

SURGERIES:
FRACTURES:
MEDICAL CONDITIONS:
WORK INJURIES:
CAR ACCIDENTS:
MEDICATIONS:
ALLERGIES:

## AUTHORIZATION

I authorize Chiro Cleveland to furnish information to my insurance company for prior authorization, pre-certification or payment of health care services. This information may include but is not limited to claims, copies of medical information, faxes and phone calls concerning care provided or proposed. I shall assign all payments for these services to this practice. I also understand I am responsible for co-payments, amounts applied toward deductible or any other amount due that is required by my insurance carrier by contract or state regulations. I also give my authorization for Chiro Cleveland to discuss my care or other relevant information with whomever my physician deems necessary. This includes all medical care, hospital services or any care given directly to me. I acknowledge that I will be charged a \$15 cancellation fee for any missed massage appointment that is not canceled 24 hours prior to the scheduled appointment. I have reviewed the notice of privacy practices (HIPAA) and have been provided an opportunity to discuss my right to privacy. Upon request I will be given a copy.

**\*Tipping: Although not required, it is greatly appreciated by our massage therapists.**

I have reviewed all the above information and agree:

\_\_\_\_\_  
Patient Name (printed)

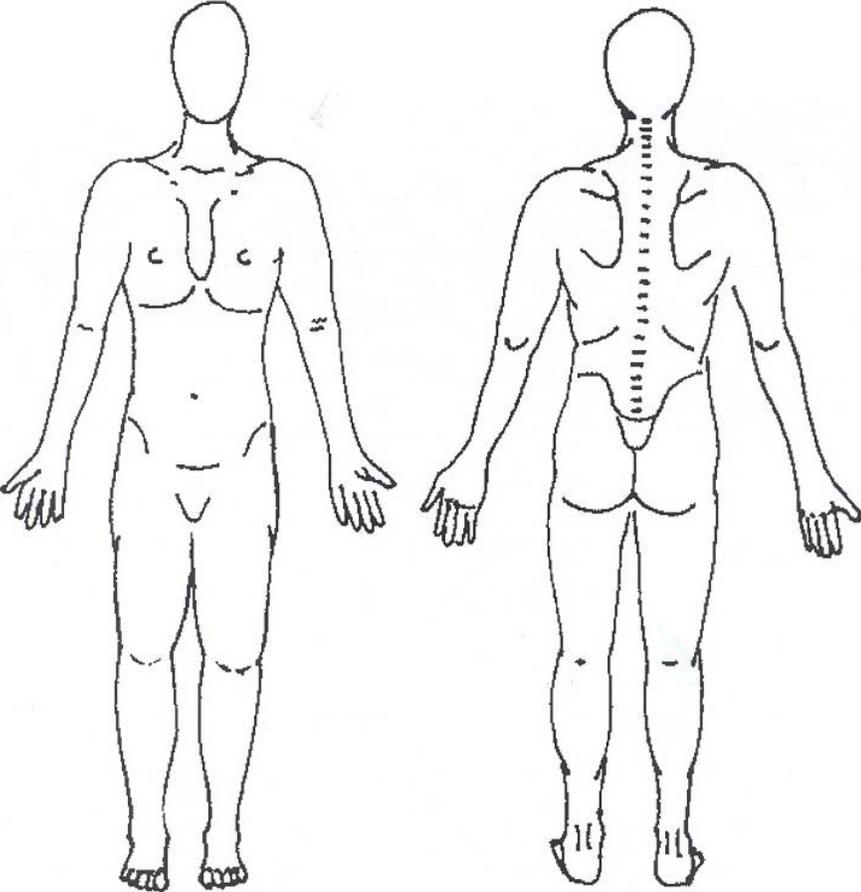
\_\_\_\_\_  
Patient Signature (or legal guardian)

## Pain Diagram and Pain Rating

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm      dd      yy

Please use the diagram below to indicate the symptoms you have experienced over the past 24 hours. Use the key to indicate the type of symptoms.

Key:	Pins and Needles = 000000 Burning = xxxxxx	Stabbing = // // // // // Deep Ache = zzzzzz
		

Please rate your current level of pain on the following scale (check one):

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10
(no pain)					(worst imaginable pain)					

Please rate your worst level of pain in the last 24 hours on the following scale (check one):

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10
(no pain)					(worst imaginable pain)					

Please rate your best level of pain in the last 24 hours on the following scale (check one):

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10
(no pain)					(worst imaginable pain)					

## Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your back pain is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply, but please just shade out the spot that indicates the statement **that most clearly describes your problem**.

### Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

### Section 2: Personal Care (e.g. washing, dressing)

- I can look after myself normally without extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self-care
- I do not get dressed, wash with difficulty and stay in bed

### Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives me extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed e.g., on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weight
- I cannot lift or carry anything

### Section 4: Walking

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than ½ mile
- Pain prevents me from walking more than ¼ mile
- I can only walk using crutches or a cane
- I am in bed most of the time and have to crawl to the toilet

### Section 5: Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me from sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

### Section 6: Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing more than 1 hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

### Section 7: Sleeping

- My sleep is never disturbed
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours of sleep
- Because of pain I have less than 4 hours of sleep
- Because of pain I have less than 2 hours of sleep
- Pain prevents me from sleeping at all

### Section 8: Employment/Homemaking

- My normal homemaking/job activities do not cause pain
- My normal homemaking/job activities increase my pain but I can still perform all that is required of me
- I can perform most of my homemaking/job duties but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming)
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing even light duties
- Pain prevents me from performing any job or homemaking chores

### Section 9: Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sports
- Pain has restricted my social life and I do not go out as much
- Pain has restricted my social life to my home
- I have hardly any social life because of pain

### Section 10: Traveling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over 2 hours
- Pain restricts me to journeys of less than 1 hour
- Pain restricts me to short journeys less than 30 minutes
- Pain prevents me from traveling except to receive treatment



## Informed Consent For Chiropractic Treatment

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care. We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable. Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well such as exercise training, massage therapy or myofascial release. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being. It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. 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, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, bruising, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is 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. 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. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke. The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one-in-one million to one-in-two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/per million of persons/year and risk of death has been estimated as 104 per one million users. It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_