

# Case History

Our office will send appointment reminders as well as upcoming events or specials to you via email or text. Please indicate how you would like to receive your reminder: email & text, email only or text only. Please indicate your cell phone carrier along with your cell phone #.

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than street address) \_\_\_\_\_

H. Phone \_\_\_\_\_ W. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

E-mail address \_\_\_\_\_ Appointment reminder: Email & text  Email only  Text only

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

SS# \_\_\_\_\_ If female, is there a possibility that you might be pregnant? YES NO

Marital Status: M S W D No. of children \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Employer/Occupation \_\_\_\_\_

Who should we call in an emergency? Name \_\_\_\_\_ Phone \_\_\_\_\_

List any times you were hospitalized \_\_\_\_\_

List any surgeries (include date) \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

Have you ever received Chiropractic care? Y / N If yes where? \_\_\_\_\_

List other doctors consulted for present complaints:

Name \_\_\_\_\_ When \_\_\_\_\_ Diagnosis \_\_\_\_\_ Treatment \_\_\_\_\_

Informed Consent: The role of a chiropractor is to help restore function to the spine through chiropractic adjustments. As this is done, most patients experience improvement in spine related conditions. The speed or extent of improvement is to a large degree dependent upon the inherent recuperative abilities of each patient. Some experience very rapid results, some slower results. A small percentage receive no outward benefit. Chiropractic does not treat pain, although most patients do experience reduced pain. Occasionally some patients experience a short-term increase in pain. We also do not diagnose and treat diseases other than those directly related to or caused by spinal misalignments. If you have other conditions that you wish evaluated, please consult with your medical doctor. As with any health care procedure, chiropractic adjustments have some risk. Increased risk often results from some underlying weakness or condition possessed by the patient that is not readily apparent through routine examination. Serious complications to chiropractic adjustments are considered by most authorities to be very rare, occurring once per one million adjustments. By individuals not properly trained, the risk can be much greater. When evaluating risks and benefits of health care procedures, you must consider the risk of not receiving care. Patients who choose medical care rather than chiropractic choose to accept the even greater risks associated with many medications and surgical procedures. Most chiropractic experts and patients agree that the benefits of chiropractic far outweigh the risks, however there are some risks. During the course of your care, you will be required to position yourself on the treatment tables and turn over on the tables. Although very rare, there have been occasions where patients have fallen off of a treatment table. By signing below you acknowledge that you understand the above risks and agree to continue with your care. You also acknowledge that you are capable of positioning yourself on the tables without assistance.

\_\_\_\_\_  
Patient's signature

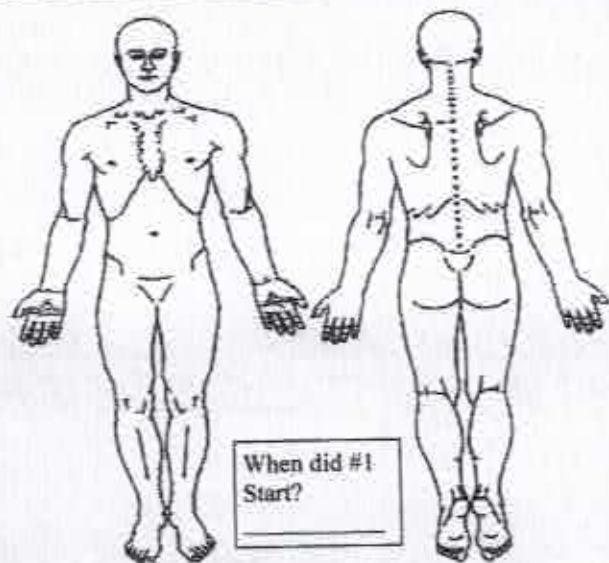
\_\_\_\_\_  
Date



Name: \_\_\_\_\_ Date: \_\_\_\_\_ NPE / NCE / PE

Mark the figure below with your top 3 complaints and circle up to 3 words that best describe each complaint.

#1: Worst Complaint: Dull Sharp Aching Shooting Spasm Throbbing Burning Numb Tingle  
 #2: Next Worst Complaint: Dull Sharp Aching Shooting Spasm Throbbing Burning Numb Tingle  
 #3: Third Worst Complaint: Dull Sharp Aching Shooting Spasm Throbbing Burning Numb Tingle



For each complaint answer the following questions with a pain score of 0 through 10 where 10 equals the worst possible pain and 0 is no pain. Circle the number that is closest to how you are feeling.

#1 Right Now: 0 1 2 3 4 5 6 7 8 9 10  
 #1 Average: 0 1 2 3 4 5 6 7 8 9 10  
 #1 At Its Best: 0 1 2 3 4 5 6 7 8 9 10  
 #1 At Its Worst: 0 1 2 3 4 5 6 7 8 9 10  
 #2 Right Now: 0 1 2 3 4 5 6 7 8 9 10  
 #2 Average: 0 1 2 3 4 5 6 7 8 9 10  
 #2 At Its Best: 0 1 2 3 4 5 6 7 8 9 10  
 #2 At Its Worst: 0 1 2 3 4 5 6 7 8 9 10  
 #3 Right Now: 0 1 2 3 4 5 6 7 8 9 10  
 #3 Average: 0 1 2 3 4 5 6 7 8 9 10  
 #3 At Its Best: 0 1 2 3 4 5 6 7 8 9 10  
 #3 At Its Worst: 0 1 2 3 4 5 6 7 8 9 10

Circle the word(s) that best describe your worst condition right now.

	0	1	2	3	4
Pain Intensity:	None	Mild	Moderate	Severe	Worst Possible
Sleeping:	Perfect Sleep	Mildly Disturbed	Moderately Disturbed	Greatly Disturbed	Can't Sleep
Personal Care (washing, dressing, etc)	No pain No Restrictions	Mild pain No Restrictions	Moderate Pain Need to go Slowly	Moderate Pain Need Assistance	Severe Pain Need 100% Assistance
Travel (driving, etc.)	No Pain on Long Trips	Mild Pain on Long Trips	Moderate Pain on Long Trips	Moderate Pain on Short Trips	Severe Pain on Short Trips
Work	Can do usual work Plus unlimited extra work	Can do usual work no extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot Work
Recreation	Can do all Activities	Can do most Activities	Can do some Activities	Can do a few Activities	Cannot do any Activities
Pain Frequency	No Pain	Occasional pain 25% of the day	Intermittent pain 50% of the day	Frequent pain 75% of the day	Constant pain 100% of the day
Lifting	No pain with Heavy Lifting	Increased pain with Heavy Lifting	Increased pain with Moderate Lifting	Increased pain with light Weight	Increased Pain with any Weight
Walking	No pain any Distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking
Standing	No pain after Several hours	Increased pain after Several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any walking

## LifeTouch Chiropractic

103 East Market St, Chatsworth, Georgia 30705  
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### Notice of Privacy Practices Acknowledgment

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- \* Conduct, plan and direct my treatment and follow-up including any additional healthcare providers who may be involved in that treatment.
- \* Obtain payment from third-party payers.
- \* Conduct normal healthcare operations such as quality assessments

I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that LifeTouch Chiropractic has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that a decision regarding any request will be made in a reasonable time.

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

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### Office Use Only

I attempted to obtain the patient's signature on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Reason: \_\_\_\_\_