

Patient Type:

For office use
only.

Welcome to Chiropractic Advantage

Patient Information:

Last Name: _____ Please Print First Name: _____ Please Print

Address: _____

_____ Zip: _____

Your date of birth: _____ Age: _____

Phone Numbers: (Home) () _____
(Work) () _____
(Pager/Cell) () _____

Social Security Number: ____ / ____ / ____ Occupation: _____

Name of Employer: _____

Address of Employer: _____

Spouse/Partner

Last Name: _____ Please Print First Name: _____ Please Print

Children At Home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Who can we contact in an emergency? _____ Phone: _____

If you would like appointment reminders by e-mail, please list your email address _____

How did you hear of us? _____

Have you ever received chiropractic care before? Yes _____ No _____

If so, from whom? _____ When: _____

Signature: _____ Date: _____

NOTICE OF PRIVACY POLICY

Your health record in our office will remain confidential. A copy of our office privacy policy is posted in the waiting room. A printed copy is available upon request.

INFORMED CONSENT TO CHIROPRACTIC CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me by Sharon R. Martinez, D.C. and/or other licensed doctors of chiropractic who now or in the future may treat me while employed by Dr. Martinez. I understand that there are some risks to chiropractic treatment, as there are in the practice of medicine. I wish to rely on the doctor to exercise judgment during the course of treatment and to perform those procedures which the doctor feels, at the time and based upon the facts then known, are in my best interests.

Dr. Martinez will take my health history before performing chiropractic adjustments. Health history information I provide should be complete and include any necessary as well as elective surgeries I may have undergone.

Risks to treatment include but are not limited to rib fractures, dislocations, and sprains. A rare form of stroke known as VBA (vertebrobasilar artery) stroke has been associated with patients who present with a sudden onset of severe neck pain. The risk of VBA stroke occurring after a chiropractic adjustment is not higher than the risk of suffering VBA stroke after a visit to the medical doctor's office. In other words, patients who may already be in the initial stages of this rare event (estimated at about 83-250 patients in the United States per year) are more likely to seek chiropractic and/or medical attention. *(Source: Cassidy et al., Bone and Joint Decade Task Force on Neck Pain and its Associated Disorders, 2008.)*

In comparison, adverse reactions to non-steroidal anti-inflammatory drugs (Motrin, Tylenol, Advil, etc.) cause 33,000 deaths per year in the United States. Adverse reactions to all prescription drugs cause well over 160,000 adverse incidents per year. *(Sources: Journal of American Medical Association, RAND study.)*

Print Patient's Name

Date

Patient's Signature

Parent or Legal Guardian's Signature
(if applicable)