

SANTA CRUZ NONFORCE CHIROPRACTORS

A Directional NonForce Technique® (DNFT) Chiropractic Clinic

GENERAL INFORMATION:

Name: _____ SSN: _____
Driver's License Number: _____ Date of Birth: ____ / ____ / ____ Age: _____
Height: _____ Weight: _____ Sex: M / F Occupation: _____
Address: _____ Best Number: _____ Cell / Home / Work
City: _____ State: ____ Zip: _____ Alternate Number: _____ Cell / Home / Work
Email: _____ I want to receive newsletter: Yes No
Referred by: _____
Major problem: _____
Other Doctors seen for this problem? _____
Other medical issues: _____
Have you been seen by a physician in the past year? Yes No
Other bodyworkers? Yes No If yes, please describe: _____
Please list all medications you are taking: _____
How many days a week do you exercise? _____
What type of exercise do you do? _____
What is your sleep quality? (Circle one): Good Fair Bad How many hours do you sleep? _____

HEALTH HISTORY

Please list all surgeries: _____

Fractures, dislocations, concussions (past and present): _____

Previous accidents, injuries, major illnesses: _____

Family Physician: _____ City: _____
Do we have permission to discuss your case with your physician? Yes No

In the event that you cannot keep your appointment with us, please notify us **24 hours** beforehand.
Failure to notify us will result in a charge for the missed appointment.

Late arrivals: we apologize that your treatment will be modified to maximize
your remaining scheduled time. We are unable to compromise our next appointment.

Patient's Signature: _____ Date: _____

Guardian's Signature Authorizing Care: _____

FEE SCHEDULE

First Treatment: \$250.00 / All other treatments: \$135.00 / *Follow up visits if paid by cash or check receive \$5 discount.*

Payment is expected at the time of each visit. We accept cash, check or credit card.

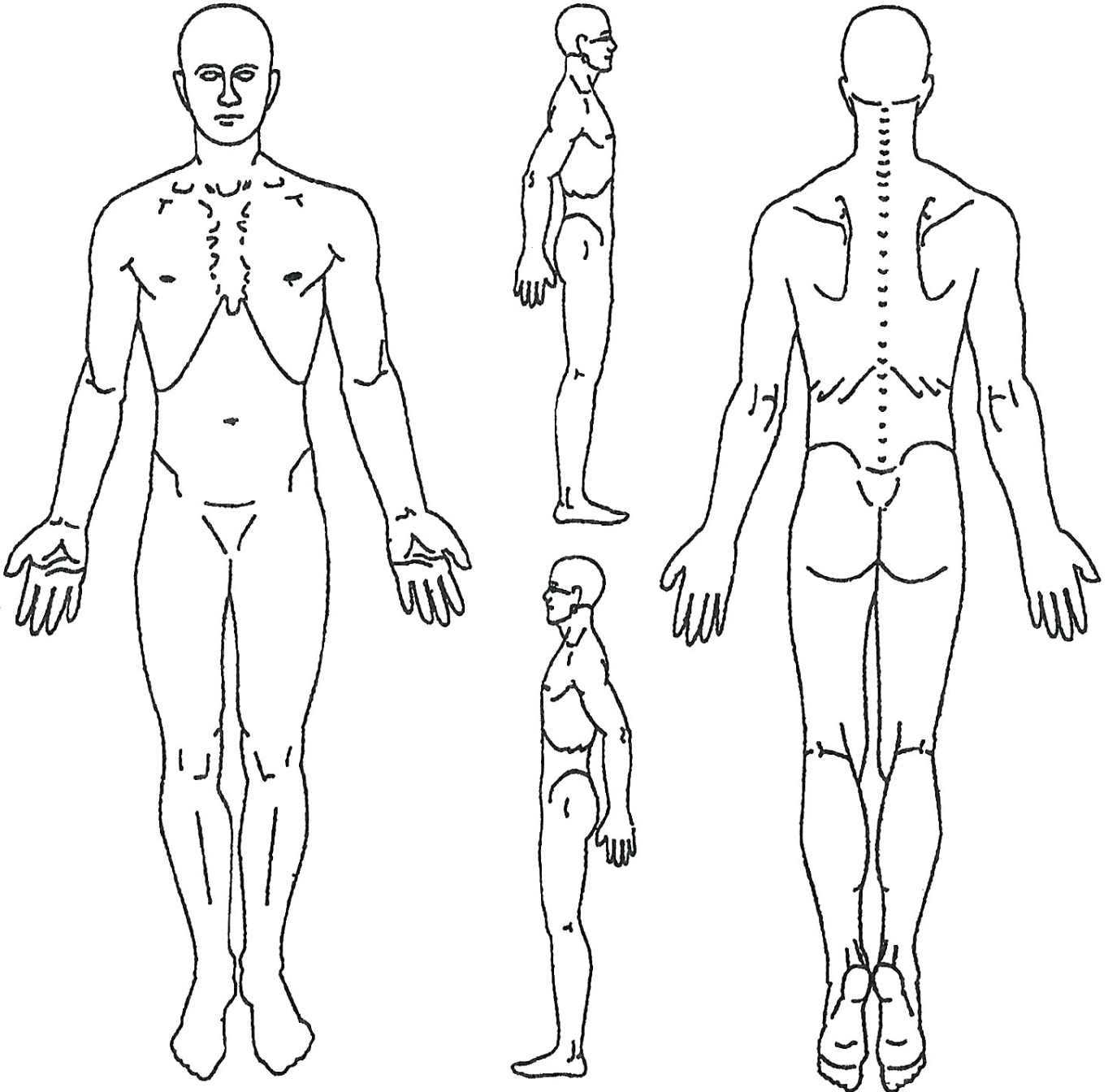
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543 Frederick St.
Santa Cruz, CA 95062
831-458-1940

Patient name: _____ Date: _____

Please draw the location of your pain or discomfort on the images below, including rating each area on a scale of 1 to 10. 10 being emergency room level.



DIRECTIONS: Please check (X) all present symptoms, circle R or L when appropriate.

<p>Head:</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> changes in vision</p> <p><input type="checkbox"/> dizziness</p> <p><input type="checkbox"/> loss of hearing</p> <p><input type="checkbox"/> pain in ears</p>	<p>Mid back:</p> <p><input type="checkbox"/> mid-back pain</p> <p><input type="checkbox"/> rib pain</p> <p><input type="checkbox"/> pain in kidney area</p>	<p>Low back pain:</p> <p>Better with: Worse with:</p> <p><input type="checkbox"/> <input type="checkbox"/> lifting</p> <p><input type="checkbox"/> <input type="checkbox"/> standing</p> <p><input type="checkbox"/> <input type="checkbox"/> walking</p> <p><input type="checkbox"/> <input type="checkbox"/> bending</p> <p><input type="checkbox"/> <input type="checkbox"/> sitting</p> <p><input type="checkbox"/> <input type="checkbox"/> coughing</p> <p><input type="checkbox"/> <input type="checkbox"/> lying down</p>
<p>Neck:</p> <p><input type="checkbox"/> neck pain</p> <p><input type="checkbox"/> difficulty holding head up</p> <p><input type="checkbox"/> grinding or popping sounds in the neck</p> <p><input type="checkbox"/> stiffness in neck</p>	<p>Shoulder:</p> <p><input type="checkbox"/> shoulder pain (R/L)</p> <p><input type="checkbox"/> pain across shoulders</p> <p><input type="checkbox"/> muscle weakness</p>	<p>Hips, Legs, & Feet:</p> <p><input type="checkbox"/> buttock pain (R/L)</p> <p><input type="checkbox"/> hip joint pain (R/L)</p> <p><input type="checkbox"/> pain down the leg (R/L)</p> <p><input type="checkbox"/> knee pain (R/L)</p> <p><input type="checkbox"/> foot pain (R/L)</p> <p><input type="checkbox"/> numbness in the leg (R/L)</p>
<p>Jaw (TMJ):</p> <p><input type="checkbox"/> popping or cracking when opening or closing mouth</p> <p><input type="checkbox"/> grinding teeth at night</p> <p><input type="checkbox"/> clenching</p>	<p>Arm & Hand:</p> <p><input type="checkbox"/> elbow pain (R/L)</p> <p><input type="checkbox"/> hand pain (R/L)</p> <p><input type="checkbox"/> numbness in arm (R/L)</p> <p><input type="checkbox"/> numbness in hand (R/L)</p> <p><input type="checkbox"/> drops things (R/L)</p>	<p>Other Symptoms:</p> <p><input type="checkbox"/> bowel/bladder symptoms</p> <p><input type="checkbox"/> gastric reflex</p> <p><input type="checkbox"/> fainting or loss of consciousness</p>

***** PLEASE READ *****

The initial series of visits is about 3-6 visits to adjust the whole body. After that most patients are asked to return for future visits AS NEEDED - which means if the patient has an accident or the pain returns.

Usually patients feel better after an adjustment.

However, D.N.F.T. focuses on getting to the core of the problem. Therefore, symptoms may shift to a different part of the body because this new area also needs to be adjusted (possibly from past injuries). This is because a problem deeper in the body has been uncovered. It is an opportunity to correct it once and for all. Patients may feel sore after a treatment, similar to having worked out. **It is important to stay in communication with Santa Cruz NonForce Chiropractors.**

Please initial that you've read this: _____ Date: _____

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Medicare Policy:

To all our patients:

As you have been advised Santa Cruz NonForce Chiropractors does not bill insurance; and is NOT a Medicare provider.

If you are 65 years or older and enrolled in Medicare Part B and/or C by agreeing to accept treatment you are requesting that Santa Cruz NonForce Chiropractors not bill Medicare. You do this knowing that the treatment cost will be out of pocket and due on the day of visit. Any receipt given cannot be submitted to Medicare.

If you are not enrolled in Medicare you agree to notify the office in advance of treatment, if and when this may change.

Please print full name

Date

Patient's Signature

_____/_____/_____
Patient's Date of Birth

PATIENTS INFORMED CONSENT FOR DNFT CHIROPRACTIC CARE

To the patient (or their parent, legal guardian, court appointed conservator, or agent): Please ask any questions prior to signing this form if you are unclear about anything in this form.

Chiropractic Adjustments:

The primary treatment rendered by the Doctor of Chiropractic to you will be chiropractic adjustments, which are purposely-intentioned movements of bones with the desired effect being to remove interference to nerves, which then allows your body to use its innate ability to heal itself. Chiropractic adjustments also have the desirable effect enabling muscles, tendons, and ligaments to properly function and heal, and also allow blood flow to properly occur. DNFT Chiropractic adjustments are made almost entirely by hands but a small portion is made with a small wooden plexor to adjust the discs. With DNFT adjustments there are no audible sounds with adjustments, occasionally a small click can be heard which is just air being released from the joint space as bones are moved into their proper positions. There is no sudden or forceful adjustments that create cracking sounds with DNFT chiropractic.

Potential Benefits of Chiropractic and Associated Care:

The vast majority of chiropractic patients tend to achieve good to excellent improvement in their physical conditions with chiropractic care. Improvement can be measured in many different ways, including reduction in pain, increased range of motion, less stiffness, increased athletic performance, and other ways. Your situation is unique, and no guarantees are given. You will have to determine what results you get for yourself and report them to your Doctor of Chiropractic.

Material risks Inherent with Chiropractic Adjustments:

DNFT chiropractic is an extremely low force chiropractic technique serious complications have never occurred, however, legally we must notify you of risks with regular chiropractic adjustments. The most common complications from traditional forceful chiropractic include but are not limited to fractures of bones, disc injuries, dislocations, muscle strains, cervical myelopathy, strokes, and costovertebral strains and separations. Complications that are common with DNFT chiropractic care are stiffness and/or soreness following the first few days of treatment. Occasionally symptoms can feel worse before they feel better as a lot of this work is dealing with finding the root cause of problems which sometime can bring up old or present new symptoms that is the bodies way of healing long-standing injury. The Doctor of Chiropractic will make every reasonable effort during the examination to screen for contraindications to care, but remember it is your responsibility to inform the Doctor of Chiropractic of any conditions that would not otherwise come to their attention.

Alternatives to Chiropractic Care:

Other treatment options for your condition may include rest, acupuncture, physical therapy, massage therapy, myofascial release, medical care, medications (both over the counter and prescribed), hospitalization, and surgery, and others. If you choose to use other treatment options, you should discuss the risks and benefits with your medical doctor or other provider.

**DO NOT SIGN THIS FORM UNTIL YOU HAVE READ AND UNDERSTAND THIS DOCUMENT.
YOU HAVE A RIGHT TO DISCUSS THIS WITH THE DOCTOR.**

Signature

Date