Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

Chiropractic Case History

Name: _____ Sex: M / F Date: _____

Referred By: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

H. Phone: _____ W. Phone: _____

Cell Phone: _____ Employer: _____

Have you ever received Chiropractic Care? Yes / No If yes, when? _____

1) Primary reason for seeking chiropractic care:

Primary reason: _____

Secondary reason: _____

Other factors contributing to the primary and/or secondary reasons: _____

2) Previous interventions, treatments, medications, surgery, or care you've sought for your complaint: _____

3) Past Health History:

A. Previous illness you've had in your life: _____

_____

B. Previous injury or trauma: _____

_____

Have you ever broken any bones? Which? _____

Have you ever been in a car accident? Describe: _____

C. Allergies: _____

D. Medications:

Medication	Reason for taking
_____	_____
_____	_____

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

_____ _____
_____ _____
_____ _____
_____ _____

E. Surgeries

Date Type of Surgery

_____ _____
_____ _____
_____ _____

F. Female/Pregnancies and outcomes:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

What was the date of the beginning of your last menstrual period?

_____

4) Family Health History:

Associated health problems of relatives: _____

Deaths in immediate family:

Cause of death Age at death

_____ _____
_____ _____
_____ _____

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

5) Social and Occupational History:

A. Level of Education:

___High school ___some college ___college graduate ___post graduate studies

B. Job Description: _____

C. Work Schedule: _____

D. Recreational activities: _____

E. Lifestyle (hobbies, level of exercise, alcohol, tobacco and drug use, diet): ____

_____

_____

Additional Comments:

I have read the above information and certify it to be true and correct to the best of my knowledge, and herby authorize this office of chiropractic to provide me with chiropractic care in accordance with this state's statues.

Patient Signature: _____ Date: _____

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

Chiropractic Case History

About Your Health

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. This case history will uncover the layers of damage, especially to your nervous system spine, that can result in poor health. Following your exam your chiropractor will outline a course care to begin to correct these layers of damage and to help you recover your inborn/innate health potential.

Loss of wellness

Let's begin at your birth, when you may have first damaged your nervous system/spine, lost wellness, and began your journey to your present health.

Please circle for each of the following:

1. Regarding your Birth Process:

		Patient Comments if Yes
Was the delivery long/difficult?	Y / N	_____
Forceps or extraction used?	Y / N	_____
Cesarean/C-section?	Y / N	_____
Breach/Cephalic?	Y / N	_____
Home birth?	Y / N	_____
Hospital birth?	Y / N	_____
Mother given drugs during delivery?	Y / N	_____
Was labor induced?	Y / N	_____

2. Regarding your Growth and Development/Childhood:

Were you breast-fed?	Y / N	_____
Were you taught how to care for your spine?	Y / N	_____
Childhood illnesses?	Y / N	_____
Ear infections/colic/asthma	Y / N	_____
Attention Deficit?	Y / N	_____
Accidents?	Y / N	_____
Drugs, including prescription?	Y / N	_____
Surgery?	Y / N	_____
Did you fall down stairs?	Y / N	_____
Chair pulled out when sat down?	Y / N	_____
Were you yanked by your arm?	Y / N	_____
Did you have other traumas?	Y / N	_____
Did you ever break any bones?	Y / N	_____

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

3) Current Health Habits:

Did/Do you smoke? Y / N _____
Did/Do you drink alcohol? Y / N _____
Diet, do you eat healthy foods? Y / N _____
Have you been in accidents/trauma? Y / N _____
Have you had surgery and/or organs removed/replaced Y / N _____
Hearing problems? Y / N _____
Exercise regularly? Y / N _____
Do you sleep well? Y / N _____
Did/do you have occupational stress? Y / N _____
Physical stress? Y / N _____
Emotional/Mental stress? Y / N _____
Hobbies/Sports injuries? Y / N _____
Sleeping posture? ___side ___ stomach ___ back _____

Symptoms and Present State of Health

Previous years of unnoticed and or unattended damage to the nervous system and spine may show up as acute or chronic symptoms

Present complaint/reason for seeking care in this office:
Major: _____
Problem/Pain started on _____
Pains are: ___Sharp ___Dull/Ache ___ Constant ___ Intermittent ___other _____
Does this pain shoot, radiate, or travel in your body? Where? _____
Are you experiencing numbness or tingling in anywhere? Where? _____
What activities aggravate your condition/pain? _____
What activities lessen your condition/pain? _____
Is this condition worse during certain times of the day? _____
Is this condition interfering with work? _____Sleep? _____ Routine? _____
Other? _____
Is this condition progressively getting worse? _____
Please circle where your pain/complaint is:
(No complaint/pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst possible complaint/pain)
Other Doctors seen for this condition: _____
Any home remedies? _____

Please mark any of the following that you have now or have experienced:

☐ Headaches	☐ Pain in Hands or Arms	☐ Chest Pains
☐ Neck Pain	☐ Numbness in Hands or Arms	☐ Heart Attack
☐ Sleeping Problems	☐ Pain in Legs or Feet	☐ High Blood Pressure

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

☐ Low Back Pain	☐ Numbness in legs or Feet	☐ Stroke
☐ Nervousness	☐ Fatigue	☐ Cancer
☐ Tension	☐ Depression	☐ Painful Urination
☐ Irritability	☐ Lights Bother Eyes	☐ Diabetes
☐ Dizziness	☐ Loss of Memory	☐ Diarrhea
☐ Shoulder Pain	☐ Pain Between Shoulders	☐ Constipation
☐ Neck Stiff	☐ Sinus	☐ Stomach Upset
☐ Joint Swelling	☐ Shortness of Breath	☐ Menstrual Cramps
☐ Fever	☐ Asthma	☐ Weight Loss
☐ Loss of Balance	☐ Allergies	☐ Loss of Smell Taste

Have you been under drug and medical care? _____

What Medications are you taking? _____

How long? _____ Have you had surgery? ____ What/When? _____

What side effects have you experienced from the drugs and surgery? _____

Females only – Date last Menstrual Period began on _____ Are you pregnant Y / N

Is there a family History of:

	Heart Disease	Arthritis	Cancer	Diabetes	Other_____
Father's side	☐	☐	☐	☐	☐
Mother's side	☐	☐	☐	☐	☐

About Your Care

There are three phases of care that Chiropractic patients often go through. The first is Initial Intensive Care, which corrects the most recent layer of Spinal and Neurological damage (VSC Vertebral Subluxation Complex). This care often reduces or eliminates the symptoms. Then begins Reconstructive Care, which corrects the Years of damage that occurred when there were few symptoms. And Finally, Chiropractic offers a genuine approach to Wellness Care. All of these options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your goals.

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

INFORMED CONSENT TO EXAMINATION AND CHIROPRACTIC TREATMENT

I, _____ understand that this office does not file my insurance and that any fees incurred for treatments are charged directly to me and are my sole responsibility. I herby authorize the Doctor to perform upon e examination and diagnostic procedures arising from any current or presently unforeseen conditions, which the Doctor considers necessary or advisable in the course of my health care.

The Doctor will be treating his/her patients through any or all of the following: the adjustment of the spine through both low and high force techniques, nutritional counseling, and exercise. The Doctor will utilize various Chiropractic techniques in order to best serve each individual patient. These techniques may include adjustment of the cranial bones, the vertebral column, the pelvis, and the upper and/or lower extremities. The techniques focus on maintaining healthy spinal alignment and motion thereby influencing nervous system function. The Doctor will not directly treat any specific medical conditions.

The material risks inherent in the Chiropractic adjustment:

- As with any health care procedure, there are certain complications, which may arise during a chiropractic adjustment. Those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, diaphragmatic paralysis, cervical myelopathy, and costovertebral strains and separations. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment

The probability of those risks occurring

- Fractures are rare occurrences and generally result from some underlying weakness of the bone, which we check for during the taking of your history, examinations and possible x-rays. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination, which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare".

It is important that you understand other treatment options outside of Chiropractic care are available to you.

Other treatment options for you condition may include:

- Self-administered, over-the-counter analgesics and rest.
- Medical care with prescription drugs
- Hospitalization
- Surgery

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

The material risks inherent in such options and the probability of such risks include:

- Overuse of over-the-counter medications produces undesirable side effects. Premature return to work and household chores may aggravate the condition and extend the recovery time. The probability of such complications occurring is dependent upon the patient's general health, severity of the patient's discomfort his/her pain tolerance, and self-discipline in not abusing the medication. Professional literature describes highly undesirable effects from long term use of over-the-counter medications
- Prescription medications can produce undesirable side effects and patient dependence. The risk of such complications arising is dependant upon the patient's general health, severity of the patient's illness, Such medications generally entail very significant risks, some with rather high probabilities
- Hospitalization in conjunction with other care bears the additional risk of exposure to communicable disease, iatrogenic (doctor induce) mishap, and expense. The probability of iatrogenic mishap is remote, expense is certain, exposure to communicable disease is likely with adverse result from such exposure dependent upon unknown variables.
- The risks inherent in surgery include adverse reaction to anesthesia, iatrogenic (doctor induced) mishap all those of hospitalization, and an extended convalescent period. The probability of those risks occurring varies according to many factors.

The risks and dangers attendant to remaining untreated

- Remaining untreated allows the formation of adhesions and reduces mobility, which sets up a pain reaction further reducing mobility. Over time this process may complicate treatment, making it more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

I, _____ UNDERSTAND THE RISKS INVOLVED IN CHIROPRACTIC TREATMENT, THE OTHER OPTIONS AVAILABLE AND THEIR RISKS, AND THE RISKS OF REMAINING UNTREATED. BY SIGING BELOW I STATE THAT I HAVE WEIGHTD THE RISKS INVOLVED IN UNDERGOING TREATMENT AND HAVE MYSELF DECIDED THAT IT IS IN MY BEST INTEREST (OR SAID MINOR'S INTEREST) TO UNDERGO THE TREATMENT RECOMMENDED. HAVIGN BEEN INFORMED OF THE RISKS, I HEREBY GIVE MY CONSENT APPROPRIATE THROUGH THE USE OF MANIPULATION OF MY SPINE AND EXTREMITIES, NUTRITIONAL CHANGES, AND RECOMMENDED EXERCISES AND ACKNOWLEDGE THAT NO GUARANTEE OR ASSURANCE AS TO THE RESULTS THAT MAY BE OB TAINED FROM THIS TREATMENT HAS BEEN GIVEN TO ME.

Patient Signature (18 and over): _____ Date: _____

Patient Printed Name: _____

Parent or Guardian Signature (for minors): _____

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

FINANCIAL POLICY

Our first concern in this office is to provide you, the patient with excellent chiropractic care and wellness education.

1. Payment for the Initial New Patient Visit with our doctors is required at the time of your first visit to our office. All other payments, including adjustments, nutritional evaluation, allergy clearing, and vitamin/supplements are due at the time that the services are performed. For your convenience we accept cash, checks, MasterCard, Visa, Discover and American Express Credit cards.

2. Because we run a cash practice, we DO NOT file an insurance claims including Medicare. We are currently not providers for Medicare, which means you WILL NOT and CANNOT be reimbursed by Medicare for your visits to our office. Upon request we will print a statement that will provide you and your private insurance carrier with the information necessary to make a claim. If you wish to file a claim you are responsible for contacting your insurance carrier and submitting your claim. Please note that this does not guarantee payment for any part of services rendered. It has been our experience that insurance companies will often deny reimbursement for procedures. It is not uncommon for some insurance companies to deny a claim either at the onset of the patient's acute care or when a patient seeks reimbursement for wellness care. Most insurance companies do not understand wellness care and true holistic prevention. They are allopathic in nature and reimburse accordingly. Please, take the opportunity to educate your insurance providers as to the value of a wellness lifestyle.

3. **Missed Appointment Policy** – Please be sure to give us 24 hours notice if you need to cancel or reschedule your appointment. If patient "No-Shows" (does NOT call or leave a message) or cancels within the 24 hour period a fee in the amount of the visit that was scheduled will be charged.

4. **Automobile Accident Policy** – Our office will be happy to file your Personal Injury case if the insurance company that will be handling your case has approved you. After treatment is finished you then become responsible for your balance whether paid with the insurance check received for treatment or from your own personal account. If the insurance company did not cover all of your treatment you become responsible for the remaining balance.

All questions regarding other financial matters should be addressed with the office manager or Doctor if necessary. We want you to be comfortable dealing with these matters, and we believe open communication will enhance the positive outcome we all desire.

Patient Signature: _____ Date: _____

Dodge Family Chiropractic
702 S. Denton Tap Rd Suite 150
Coppell, TX 75019
972-922-5493
dodgefamilychiropractic.com

AUTHORIZATION TO LEAVE MESSAGES AND CONVEY INFORMATION

Patient Name: _____

It is sometimes necessary for representatives of Dodge Family Chiropractic to contact patients for various notification purposes. The purposes of these communications can range from reminders of appointments, to notify patients that supplements or products they requested are ready for pickup or to ask a patient to call Dodge Family Chiropractic regarding an issue or concern. At no time will a representative of Dodge Family Chiropractic discuss your medical circumstances or condition without your consent. The purpose of this consent is to leave messages with members of your household, on your answering machine or voicemail service or through email with your consent below.

You have the right to revoke this consent, in writing, effective the day following your notification

_____ I authorize Dodge Family Chiropractic to LEAVE MESSAGES ON MY ANSWERING MACHINE AND/OR VOICEMAIL USING THE CONTACT NUMBERS I HAVE PROVIDED.

_____ I authorize Dodge Family Chiropractic to LEAVE MESSAGES WITH HOUSHOLD MEMBERS

_____ I authorize Dodge Family Chiropractic to contact me at the following email address:
Email Contact_____

Patient Signature: _____ Date: _____