FRYEBURG CHIROPRACTIC CLINIC

Name: _____ DOB: _____ Age: ____ Home Phone: _____

Address:_____ City, State Zip:_____

Reason for consulting our office at this time: _____

Please tell us know how you learned about Fryeburg Chiropractic & Wellness Center?

- ☐ Newspaper
- ☐ Radio
- ☐ Family + Friend
- ☐ Other (Please Explain):
- ☐ Internet

Employer: _____ Employer Phone : _____

Spouse/Significant Other Name: _____

Children's Names & Ages: _____

Emergency Contact Name: _____ Number: _____Employer: _____

Email Address: _____

Your Cell/Text Number: _____

ADDRESSING THE ISSUES THAT BROUGHT YOU TO THE OFFICE

Please describe your chief area of complaint, including the effect it has had on your life.

_____

_____

Location ☐Left ☐Right ☐Both sides ☐Front ☐Back ☐In the middle ☐ on the side

How did your main problem appear ☐Gradually ☐Suddenly ☐Accident/Trauma ☐Uncertain?

Is your problem getting ☐Better ☐Worse ☐Staying the Same?

What seems to aggravate this problem? _____

Does it interfere with ☐Work ☐Sleep ☐Walking ☐Sitting ☐Hobbies ☐Leisure

If you are experiencing pain, is it: ☐Sharp ☐Dull/Achy☐Grabbing Pain ☐Shooting ☐Burning

Does this problem cause the pain to travel to any other areas? ☐Yes (where)_____ ☐No

Rate the intensity of your discomfort (0 – none, 10 – worst imaginable) 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

% of time your problem is present ☐100% ☐75% ☐50% ☐25% ☐Less than 25%

Describe any secondary complaints.

_____

_____

Other doctors seen for these problems (please list):

Chiropractors: _____

Medical Doctor: _____

Others: _____

Any other medical conditions:_____

HEALTH PROFILE

As a full spectrum Chiropractic Office we focus on your ability to be healthy. Our goals are first to address the Vertebral Subluxation Complex. Secondly, to offer you the opportunity for improved health potential in the future. On a daily basis, we experience physical, chemical and emotional forces that can accumulate and result in a loss of health potential. Most times the effects are asymptomatic (not even felt until they become serious). Answering the following questions will give us a profile of the issues you have faced in your lifetime, allowing us to better assess the challenges to your health potential.

Please answer the following questions to the best of your ability:

	Yes	No	Unsure	Comments / Description
Did you have any childhood illness?	☐	☐	☐	_____
Did you have any serious falls as a child?	☐	☐	☐	_____
Did you play youth sports?	☐	☐	☐	_____
Did you use / take any drugs?	☐	☐	☐	_____
Did you have any surgeries?	☐	☐	☐	_____
Have you fallen/ jumped from a height of Over three feet (i.e. crib, bunk bed, trees)?	☐	☐	☐	_____
Were you involved in any car accidents? As a child?	☐	☐	☐	_____
Was there any prolonged use of medicine Such as antibiotics or an inhaler?	☐	☐	☐	_____
Did you suffer from any other traumas? (Physical or emotional)?	☐	☐	☐	_____
Have you received your childhood vaccinations?	☐	☐	☐	_____
As a child, were you under regular Chiropractic care?	☐	☐	☐	_____
Do/did you smoke?	☐	☐	☐	_____
Do/did you drink alcohol?	☐	☐	☐	_____
Do/did you drink coffee/tea?	☐	☐	☐	_____
Do/did you have a regular exercise routine?	☐	☐	☐	_____
Do you have any allergies to medications?	☐	☐	☐	_____
Do you have any other allergies? (seasonal / pets / food)	☐	☐	☐	_____

On a scale of 1-10 describe your stress level (1 – none, 10 – extreme): Occupational: _____ Personal: _____

On a scale of Poor-Good-Excellent, describe your: Diet:_____ Exercise: _____ Sleep: _____ General Health: _____

Medications, Vitamins/Supplements you are currently taking:_____

_____

FAMILY HEALTH PROFILE

Please check list a brief family history (diseases/conditions, age deceased if applicable):

Grandfathers: _____

Grandmothers: _____

Father: _____

Mother: _____

Siblings: _____

_____

Who is your doctor for medical services? _____

ACKNOWLEDGMENT

This is to certify that Fryeburg Chiropractic and Wellness Center has my permission to take X-rays. **INITIALS** _____
Female Patients: This is to certify that to the best of my knowledge I am NOT pregnant. **INITIALS** _____
Date of onset of last menstrual period _____

INFORMED CONSENT

Every type of health care is associated with some risks of potential problems. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is a legal requirement in Maine.

Chiropractic adjustments are the moving of bones with the doctor's hands, a mechanical device or a machine (drop table). Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated.

In this office we use trained staff personnel to assist the doctor with portions of your consultations, examination, x-rays, therapy application, traction, therapeutic modalities, exercise instruction, etc. Occasionally when your doctor is unavailable, another clinic doctor will provide care to you on that day.

Neck Artery Dissection and Stroke: Dissection is when the lining of a neck artery breaks down. This might happen spontaneously or from an injury or from a trivial movement (hair shampooing, checking traffic, looking up, etc.). Dissections tend to cause neck pain and/or headache. Dissections may form a clot that can dislodge and interfere with brain blood flow. If that happens, it is called a stroke. Stroke means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. Recent evidence suggests that it is not (2008, 2015, 2016, 2019), although the same evidence often suggests that the patient may be entering the chiropractic office for neck pain/headaches or other symptoms that may in fact be a spontaneous dissection of a neck artery. There are no in-the-office tests to diagnose a spontaneous neck artery dissection (2020), but they might be detectable with advanced imaging (CT/MRI, etc.). If we think you may be suffering from a spontaneous neck artery dissection and/or associated stroke, you will be immediately referred to emergency services.

Anecdotal cases suggest that chiropractic adjustments may be associated with dissection and/or stroke that arise from the vertebral artery; this is because the vertebral artery is located inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called the "extension-rotation-thrust atlas adjustment." We do not do this type of adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of complication ranges between 1 per every 400,000 – 10,000,000 neck adjustments (2004). A large 10-year study estimated an incidence of 1 per 5.85 million neck adjustments, equivalent to 1,430 years of clinical practice (2001). If you experience any of the "5Ds And 3Ns" (see below) before, during or after an adjustment, tell us immediately, and if we can't be reached, go to the emergency department immediately.

The Primary Signs and Symptoms of Vertebral Artery Blood Flow Abnormality (stroke) are the 5 Ds And 3 Ns:

Dizziness/vertigo/giddiness/light headedness
Drop attacks/loss of consciousness
Diplopia (or other visual problems/amaurosis fugax [a painless temporary loss of vision in one or both eyes])
Dysarthria (speech difficulties)

The Primary Signs and Symptoms of Vertebral Artery Blood Flow Abnormality (stroke) are the 5 Ds And 3 Ns continued:

Dysphagia (discomfort or difficulty in swallowing)
Ataxia of gait (walking difficulties/uncoordination/falling to one side)
Nausea (with possible vomiting)
Numbness on one side of the face and/or body
Nystagmus (rapid jerky movements of the eyes)

Two other potential problems that are not quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury, and spinal dural leak of cerebral spinal fluid.

Disc Herniations: Both neck and back disc herniations may create pressure on the spinal nerve or on the spinal cord. They are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. Occasionally chiropractic treatment (adjustments, traction, etc.) may aggravate a disc/nerve problem and rarely surgery may become necessary for correction.

Cauda Equina Syndrome: Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, leaky bowels, loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability to start/stop urination or a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently die, and those functions may be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window to do so may be as short as 12-72 hours, depending. If you have any of these symptoms, tell us immediately, and if we can't be reached, go to the emergency department immediately.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Rarely, chiropractic care may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long-term effects for the patient.

Rib and other Fractures: Rarely a chiropractic adjustment may crack a rib bone, and this is referred to as a fracture. We adjust all patients very carefully, and especially those who have known osteoporosis. Other fraction locations are extremely rare but possible, especially in those aged over 65 years and/or on steroid drugs.

Physical Therapy Burns: Some of the machines we use generate heat. We also use both heat and ice, and recommend them for home care on occasion. Everyone has different skin sensitivity to these modalities, and rarely, both heat and ice can burn or irritate the skin. The result is a temporary increase in pain, and there may even be some blistering of the skin. Never put an ice pack directly on the skin, always have an insulating towel between.

Soreness: It is common for chiropractic care to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

Other Problems: There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you for additional diagnostics or to another provider whom we feel will assist your situation.

Alternatives to chiropractic care include: do nothing, drugs, surgery, osteopathic manipulation, etc. Risks from these procedures should be discussed with that particular provider.

Name of the person responsible for payment _____

Do you have insurance coverage? ☐Yes ☐No if yes, which company? _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance company and me. Furthermore, I understand that although I have assigned insurance benefits to Fryeburg Chiropractic Clinic, it is likely and probable that my insurance coverage will be less that the amount billed. I acknowledge that it is my responsibility to pay the balance of my bill once insurance benefits have been received. I clearly understand and agree that it is probable that my insurance plan will not pay for all charges incurred in this office. I agree to allow FCC to discuss these issues with my insurance company. I acknowledge that I am responsible for any charges refused by my insurance company. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable. Further, I will pay for any collections or legal charges incurred in the collection of any uncovered charges should I fail to pay them during the agreed upon time. I acknowledge that I am aware of Fryeburg Chiropractic and Wellness Center's Privacy Notice. It is posted in the facility for me to read or I may request a paper copy of the Privacy Notice upon request to the Fryeburg Chiropractic and Wellness Center's Privacy Officer.

Your signature is required to be compliant with HIPAA regulations.

If you have any questions, please ask your doctor. When you have a full understanding, please sign and date below.

_____

Name

_____ _____

Signature Date

_____ _____

Parent/Guardian/Spouse Signature Authorizing Care Date