



Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male Female  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer's Name \_\_\_\_\_ Position \_\_\_\_\_  
Single Married Divorced Widowed Spouse's Name \_\_\_\_\_  
Number of Children \_\_\_\_\_ Names, Ages & Gender \_\_\_\_\_  
Who may we thank for referring you? \_\_\_\_\_

**LIST YOUR HEALTH CONCERNS BELOW**

Health Concerns: List according to severity	Rate of Severity 1=mild 10 =unbearable	When did this episode start?	If you had the condition before, when?	Did the Problem begin with an injury?	Are symptoms constant or intermittent?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

HAVE YOU EVER SEEN OTHER DOCTORS FOR THESE CONDITIONS? YES NO  
CHIROPRACTOR? \_\_\_\_\_ MEDICAL DOCTOR? \_\_\_\_\_ OTHER \_\_\_\_\_  
WHO AND WHEN? \_\_\_\_\_

**✓ CHECK ALL CURRENT PROBLEMS YOU HAVE**

- |                  |                 |                  |                  |                  |
|------------------|-----------------|------------------|------------------|------------------|
| ADD/ADHD         | CHEST PAIN      | HEADACHES        | LIVER DISEASE    | NUMBNESS IN FEET |
| ALLERGIES        | CHRONIC FATIGUE | HEART PROBLEMS   | LOW BACK PAIN    | NUMBNESS IN HAND |
| ANXIETY          | COLIC           | HYPERTENSION     | LUPUS            | NUMBNESS IN LEGS |
| ARM PAIN         | DEPRESSION      | HIP PAIN         | MENSTRUAL ISSUES | PREGNANCY        |
| ARTHRITIS        | DIZZINESS       | IMMUNE DEFICIENT | MID BACK PAIN    | SCIATICA         |
| AUTISM           | DISC PROBLEM    | INFERTILITY      | MIGRAINES        | SHOULDER PAIN    |
| AUTO IMMUNE      | EAR INFECTIONS  | IRRITABLE BOWEL  | NAUSEA           | SINUS INFECTIONS |
| BLADDER PROBLEMS | EPILEPSY        | KIDNEY PROBLEMS  | NECK PAIN        | STOMACH ISSUES   |
| CANCER           | FIBROMYALGIA    | KNEE PAIN        | NERVOUSNESS      | THYROID PROBLEMS |
| OTHER _____      | GASTRIC REFLUX  | LEG PAIN         | NUMBNESS IN ARMS | VERTIGO          |

✓ **CHECK ANY CONDITION THAT YOU HAVE NOW OR HAVE HAD IN THE PAST**

STROKE      HEART DISEASE      SPINAL SURGERY      SEIZURES      SPINAL FRACTURE      SCOLIOSIS      DIABETES

LIST ALL SURGICAL OPERATIONS AND YEARS \_\_\_\_\_

LIST ALL over the Counter & PRESCRIPTION MEDICATIONS YOU ARE ON \_\_\_\_\_

WHEN WAS YOUR LAST AUTO ACCIDENT \_\_\_\_\_

HAVE YOU HAD PREVIOUS CHIROPRACTIC CARE?      YES/NO

IF YES, DR AND DATE \_\_\_\_\_

HAVE YOU EVER BEEN KNOCKED UNCONSCIOUS?      YES/NO      FRACTURED A BONE?      YES/NO

IF YES, PLEASE DESCRIBE \_\_\_\_\_

OTHER TRAUMA \_\_\_\_\_

**SOCIAL HISTORY**

1. **SMOKING:** \_\_\_cigars \_\_\_pipe \_\_\_cigarettes → How often? \_\_\_Daily \_\_\_Weekends \_\_\_Occasionally \_\_\_Never

2. **EXERCISE:** How often? \_\_\_Daily \_\_\_Weekends \_\_\_Occasionally \_\_\_Never

3. How does your present problem affect the following: **HOBBIES – RECREATIONAL ACTIVITIES – EXERCISE**

4. **CHECK ANY ACTIVITIES OF DAILY LIVING ARE BEING RESTRICTED BY YOUR CURRENT HEALTH PROBLEMS:**

Bathing/Showering  
Toilet Hygiene

Personal Hygiene  
Self Feeding

Walking  
Dressing

**\*PLEASE MARK** the areas on the diagram with the following letters

to describe your symptoms:

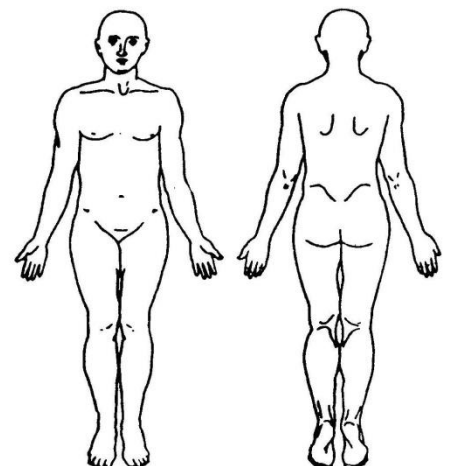
R=Radiating    D=Dull    N= Numbness

B=Burning    A=Aching

S= Sharp/Stabbing

What relieves your symptoms? \_\_\_\_\_

What makes them worse? \_\_\_\_\_



# QUADRUPLE VISUAL ANALOGUE SCALE

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

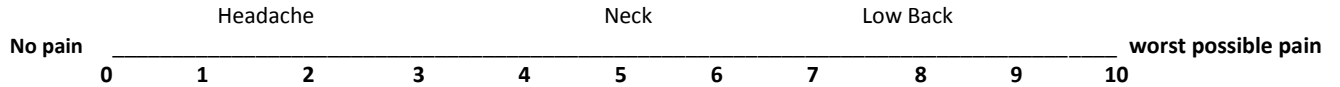
Date \_\_\_\_\_

## Please read carefully:

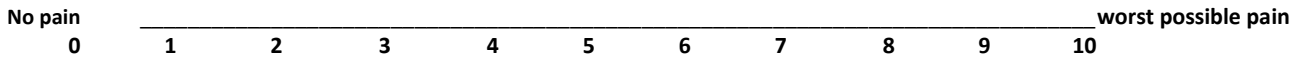
**Instructions:** Please check the number that best describes the question being asked.

**Note:** If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your pain level right now, average pain, and pain at its best and worst.

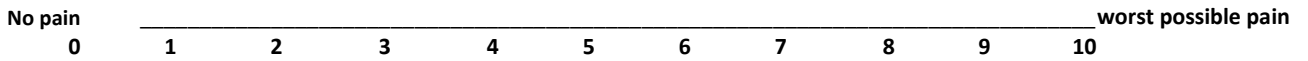
### Example:



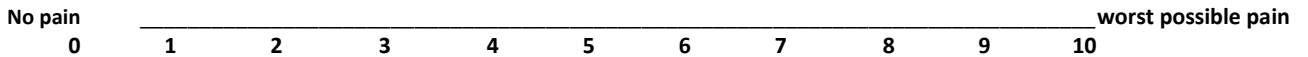
1 – What is your pain RIGHT NOW?



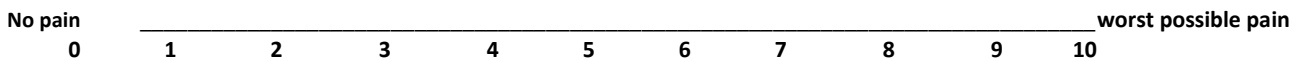
2– What is your TYPICAL or AVERAGE pain?



3– What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?



4– What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?



### OTHER COMMENTS:

---

---

---

Examiner

Reprinted from *Spine*, 18, Von Korff M, Deyo RA, Cherkin D, Barlow SF, Back pain in primary care: Outcomes at 1 year, 855-862, 1993, with permission from Elsevier Science.

# X-RAY AUTHORIZATION

AS YOUR HEALTH CARE PROVIDER, WE ARE LEGALLY RESPONSIBLE FOR YOUR CHIROPRACTIC HEALTH RECORDS. WE MUST MAINTAIN A RECORD OF YOUR X-RAYS IN OUR FILES.

AT YOUR REQUEST, WE WILL PROVIDE A COPY OF YOUR X-RAYS IN OUR FILES.

**THE FEE FOR COPYING YOUR X-RAYS ON A DISC IS \$15.00. THIS FEE MUST BE PAID IN ADVANCE.**

DIGITAL X-RAYS ON CD WILL BE AVAILABLE **WITHIN 72 HOURS** OF PREPAYMENT ON ANY REGULAR PRACTICE HOURS DAY. **PLEASE NOTE:** X RAYS ARE UTILIZED IN THIS OFFICE TO HELP LOCATE AND ANALYZE **VERTEBRAL SUBLUXATIONS**. THESE XRAYS ARE NOT USED TO INVESTIGATE FOR MEDICAL PATHOLOGY. THE DOCTORS OF BRIGHT LIFE CHIROPRACTIC DO NOT DIAGNOSE OR TREAT MEDICAL CONDITIONS. HOWEVER, IF ANY ABNORMALITIES ARE FOUND, WE WILL BRING IT TO YOUR ATTENTION SO THAT YOU CAN SEEK PROPER MEDICAL ADVICE.

\_\_\_\_\_  
PRINT YOUR NAME HERE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
YOUR AGE

**FEMALE PATIENTS ONLY:** TO THE BEST OF MY KNOWLEDGE, I BELIEVE I AM NOT PREGNANT AT THE TIME X-RAYS ARE TAKEN AT BRIGHT LIFE CHIROPRACTIC.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Sex:  Male  Female

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4"><input type="checkbox"/> Lat Cervical</th> <th colspan="4"><input type="checkbox"/> Flex/Ext</th> </tr> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> <tr> <td><input type="checkbox"/> 10-11</td> <td><input type="checkbox"/> 78</td> <td><input type="checkbox"/> 1/24</td> <td>12.5</td> <td><input type="checkbox"/> 14-15</td> <td><input type="checkbox"/> 70</td> <td><input type="checkbox"/> 1/10</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/> 12-13</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/20</td> <td>15</td> <td><input type="checkbox"/> 16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/15</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/> 14-15</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/15</td> <td>20</td> <td><input type="checkbox"/> 18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/20</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/> 16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/10</td> <td>30</td> <td><input type="checkbox"/> 20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/10</td> <td>50</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 2/15</td> <td>40</td> <td><input type="checkbox"/> 22-23</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">MA300</td> <td colspan="2">Size 8x10</td> <td colspan="2">MA300</td> <td colspan="2">Size 8x10</td> </tr> </table>	<input type="checkbox"/> Lat Cervical				<input type="checkbox"/> Flex/Ext				CM	Kvp	Time	MAS	CM	Kvp	Time	MAS	<input type="checkbox"/> 10-11	<input type="checkbox"/> 78	<input type="checkbox"/> 1/24	12.5	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	<input type="checkbox"/> 12-13	<input type="checkbox"/>	<input type="checkbox"/> 1/20	15	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	<input type="checkbox"/> 14-15	<input type="checkbox"/>	<input type="checkbox"/> 1/15	20	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50			<input type="checkbox"/> 2/15	40	<input type="checkbox"/> 22-23				MA300		Size 8x10		MA300		Size 8x10		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4"><input type="checkbox"/> Lower Cervical</th> <th colspan="4"><input type="checkbox"/> A-PT thoracic</th> </tr> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> <tr> <td><input type="checkbox"/> 14-15</td> <td><input type="checkbox"/> 70</td> <td><input type="checkbox"/> 1/10</td> <td>20</td> <td><input type="checkbox"/> 16-17</td> <td><input type="checkbox"/> 75</td> <td><input type="checkbox"/> 1/20</td> <td>17</td> </tr> <tr> <td><input type="checkbox"/> 16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/15</td> <td>30</td> <td><input type="checkbox"/> 18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/15</td> <td>22</td> </tr> <tr> <td><input type="checkbox"/> 18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/20</td> <td>40</td> <td><input type="checkbox"/> 20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/10</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/> 20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/10</td> <td>50</td> <td><input type="checkbox"/> 22-23</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/15</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/> 22-23</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 24-25</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/10</td> <td>50</td> </tr> <tr> <td colspan="2">MA300</td> <td colspan="2">Size 8x10</td> <td><input type="checkbox"/> 26-27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/4</td> <td>75</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td><input type="checkbox"/> 28-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/10</td> <td>90</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td><input type="checkbox"/> 30-31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/5</td> <td>120</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td><input type="checkbox"/> 31-32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">MA300</td> <td colspan="2">Size 14x17</td> </tr> </table>	<input type="checkbox"/> Lower Cervical				<input type="checkbox"/> A-PT thoracic				CM	Kvp	Time	MAS	CM	Kvp	Time	MAS	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	<input type="checkbox"/> 16-17	<input type="checkbox"/> 75	<input type="checkbox"/> 1/20	17	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 1/15	22	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 22-23	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40	<input type="checkbox"/> 22-23				<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	MA300		Size 8x10		<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75					<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90					<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120					<input type="checkbox"/> 31-32	<input type="checkbox"/>	<input type="checkbox"/>						MA300		Size 14x17		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4"><input type="checkbox"/> Lateral Thoracic</th> </tr> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> <tr> <td><input type="checkbox"/> 22-23</td> <td><input type="checkbox"/> 80</td> <td><input type="checkbox"/> 1/15</td> <td>20</td> </tr> <tr> <td><input type="checkbox"/> 24-25</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/10</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/> 26-27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/15</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/> 28-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/> 30-31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/4</td> <td>75</td> </tr> <tr> <td><input type="checkbox"/> 32-33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/10</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/> 34-35</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/5</td> <td>120</td> </tr> <tr> <td><input type="checkbox"/> 36-37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/2</td> <td>150</td> </tr> <tr> <td><input type="checkbox"/> 38-39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">MA300</td> <td colspan="2">Size 14x17</td> </tr> </table>	<input type="checkbox"/> Lateral Thoracic				CM	Kvp	Time	MAS	<input type="checkbox"/> 22-23	<input type="checkbox"/> 80	<input type="checkbox"/> 1/15	20	<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30	<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40	<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75	<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90	<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 1/2	150	<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/>		MA300		Size 14x17		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4"><input type="checkbox"/> APOM</th> <th colspan="4"><input type="checkbox"/> Other</th> </tr> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> <th>View</th> <th>_____</th> <th>_____</th> <th>_____</th> </tr> <tr> <td><input type="checkbox"/> 14-15</td> <td><input type="checkbox"/> 70</td> <td><input type="checkbox"/> 1/10</td> <td>20</td> <td>CM</td> <td>_____</td> <td>Kvp</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 16-17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/15</td> <td>30</td> <td>MAS</td> <td>_____</td> <td>MA</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 18-19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/20</td> <td>40</td> <td>Size</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 20-21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/10</td> <td>50</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 22-23</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">MA300</td> <td colspan="2">Size 8x10</td> <td colspan="4"></td> </tr> </table>	<input type="checkbox"/> APOM				<input type="checkbox"/> Other				CM	Kvp	Time	MAS	View	_____	_____	_____	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	CM	_____	Kvp	_____	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	MAS	_____	MA	_____	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	Size	_____	_____	_____	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50					<input type="checkbox"/> 22-23								MA300		Size 8x10						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4"><input type="checkbox"/> A-PLumbar</th> <th colspan="4"><input type="checkbox"/> Lateral Lumbar</th> </tr> <tr> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> <th>CM</th> <th>Kvp</th> <th>Time</th> <th>MAS</th> </tr> <tr> <td><input type="checkbox"/> 20-21</td> <td><input type="checkbox"/> 76</td> <td><input type="checkbox"/> 1/15</td> <td>40</td> <td><input type="checkbox"/> 26-27</td> <td><input type="checkbox"/> 88</td> <td><input type="checkbox"/> 2/10</td> <td>30</td> </tr> <tr> <td><input type="checkbox"/> 22-23</td> <td><input type="checkbox"/> 78</td> <td><input type="checkbox"/> 1/10</td> <td>50</td> <td><input type="checkbox"/> 28-29</td> <td><input type="checkbox"/> 90</td> <td><input type="checkbox"/> 1/4</td> <td>40</td> </tr> <tr> <td><input type="checkbox"/> 24-25</td> <td><input type="checkbox"/> 80</td> <td><input type="checkbox"/> 2/15</td> <td>75</td> <td><input type="checkbox"/> 30-31</td> <td><input type="checkbox"/> 92</td> <td><input type="checkbox"/> 3/10</td> <td>50</td> </tr> <tr> <td><input type="checkbox"/> 26-27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/10</td> <td>90</td> <td><input type="checkbox"/> 32-33</td> <td><input type="checkbox"/> 94</td> <td><input type="checkbox"/> 2/5</td> <td>75</td> </tr> <tr> <td><input type="checkbox"/> 28-29</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/4</td> <td>120</td> <td><input type="checkbox"/> 34-35</td> <td><input type="checkbox"/> 96</td> <td><input type="checkbox"/> 1/2</td> <td>90</td> </tr> <tr> <td><input type="checkbox"/> 30-31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/10</td> <td>150</td> <td><input type="checkbox"/> 36-37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/5</td> <td>120</td> </tr> <tr> <td><input type="checkbox"/> 32-33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2/5</td> <td>120</td> <td><input type="checkbox"/> 38-39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 4/5</td> <td>160</td> </tr> <tr> <td><input type="checkbox"/> 34-35</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1/2</td> <td>170</td> <td><input type="checkbox"/> 40-41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1</td> <td>200</td> </tr> <tr> <td><input type="checkbox"/> 36-37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3/5</td> <td>210</td> <td><input type="checkbox"/> 42-43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1 1/2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 38-39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 4/5</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 40-41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1</td> <td></td> <td colspan="2">MA300</td> <td colspan="2">Size 14x17</td> </tr> <tr> <td><input type="checkbox"/> 42-43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1 1/2</td> <td></td> <td colspan="4" style="text-align: center;"><b>CA Initials:</b></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 2</td> <td></td> <td colspan="4" style="text-align: center;">_____</td> </tr> </table>	<input type="checkbox"/> A-PLumbar				<input type="checkbox"/> Lateral Lumbar				CM	Kvp	Time	MAS	CM	Kvp	Time	MAS	<input type="checkbox"/> 20-21	<input type="checkbox"/> 76	<input type="checkbox"/> 1/15	40	<input type="checkbox"/> 26-27	<input type="checkbox"/> 88	<input type="checkbox"/> 2/10	30	<input type="checkbox"/> 22-23	<input type="checkbox"/> 78	<input type="checkbox"/> 1/10	50	<input type="checkbox"/> 28-29	<input type="checkbox"/> 90	<input type="checkbox"/> 1/4	40	<input type="checkbox"/> 24-25	<input type="checkbox"/> 80	<input type="checkbox"/> 2/15	75	<input type="checkbox"/> 30-31	<input type="checkbox"/> 92	<input type="checkbox"/> 3/10	50	<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/10	90	<input type="checkbox"/> 32-33	<input type="checkbox"/> 94	<input type="checkbox"/> 2/5	75	<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 1/4	120	<input type="checkbox"/> 34-35	<input type="checkbox"/> 96	<input type="checkbox"/> 1/2	90	<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 3/10	150	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	120	<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120	<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5	160	<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 1/2	170	<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1	200	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	210	<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2		<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5				<input type="checkbox"/> 2		<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1		MA300		Size 14x17		<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2		<b>CA Initials:</b>						<input type="checkbox"/> 2		_____			
<input type="checkbox"/> Lat Cervical				<input type="checkbox"/> Flex/Ext																																																																																																																																																																																																																																																																																																																																																																																																								
CM	Kvp	Time	MAS	CM	Kvp	Time	MAS																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 10-11	<input type="checkbox"/> 78	<input type="checkbox"/> 1/24	12.5	<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 12-13	<input type="checkbox"/>	<input type="checkbox"/> 1/20	15	<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 14-15	<input type="checkbox"/>	<input type="checkbox"/> 1/15	20	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																																																																																																																																																																																																																																																																					
		<input type="checkbox"/> 2/15	40	<input type="checkbox"/> 22-23																																																																																																																																																																																																																																																																																																																																																																																																								
MA300		Size 8x10		MA300		Size 8x10																																																																																																																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/> Lower Cervical				<input type="checkbox"/> A-PT thoracic																																																																																																																																																																																																																																																																																																																																																																																																								
CM	Kvp	Time	MAS	CM	Kvp	Time	MAS																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	<input type="checkbox"/> 16-17	<input type="checkbox"/> 75	<input type="checkbox"/> 1/20	17																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 1/15	22																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50	<input type="checkbox"/> 22-23	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 22-23				<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																																																																																																																																																																																																																																																																					
MA300		Size 8x10		<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75																																																																																																																																																																																																																																																																																																																																																																																																					
				<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90																																																																																																																																																																																																																																																																																																																																																																																																					
				<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120																																																																																																																																																																																																																																																																																																																																																																																																					
				<input type="checkbox"/> 31-32	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																						
				MA300		Size 14x17																																																																																																																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/> Lateral Thoracic																																																																																																																																																																																																																																																																																																																																																																																																												
CM	Kvp	Time	MAS																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 22-23	<input type="checkbox"/> 80	<input type="checkbox"/> 1/15	20																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 24-25	<input type="checkbox"/>	<input type="checkbox"/> 1/10	30																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/15	40																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 1/4	75																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 3/10	90																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 1/2	150																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																										
MA300		Size 14x17																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> APOM				<input type="checkbox"/> Other																																																																																																																																																																																																																																																																																																																																																																																																								
CM	Kvp	Time	MAS	View	_____	_____	_____																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 14-15	<input type="checkbox"/> 70	<input type="checkbox"/> 1/10	20	CM	_____	Kvp	_____																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 16-17	<input type="checkbox"/>	<input type="checkbox"/> 2/15	30	MAS	_____	MA	_____																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 18-19	<input type="checkbox"/>	<input type="checkbox"/> 3/20	40	Size	_____	_____	_____																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 20-21	<input type="checkbox"/>	<input type="checkbox"/> 2/10	50																																																																																																																																																																																																																																																																																																																																																																																																									
<input type="checkbox"/> 22-23																																																																																																																																																																																																																																																																																																																																																																																																												
MA300		Size 8x10																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> A-PLumbar				<input type="checkbox"/> Lateral Lumbar																																																																																																																																																																																																																																																																																																																																																																																																								
CM	Kvp	Time	MAS	CM	Kvp	Time	MAS																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 20-21	<input type="checkbox"/> 76	<input type="checkbox"/> 1/15	40	<input type="checkbox"/> 26-27	<input type="checkbox"/> 88	<input type="checkbox"/> 2/10	30																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 22-23	<input type="checkbox"/> 78	<input type="checkbox"/> 1/10	50	<input type="checkbox"/> 28-29	<input type="checkbox"/> 90	<input type="checkbox"/> 1/4	40																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 24-25	<input type="checkbox"/> 80	<input type="checkbox"/> 2/15	75	<input type="checkbox"/> 30-31	<input type="checkbox"/> 92	<input type="checkbox"/> 3/10	50																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 26-27	<input type="checkbox"/>	<input type="checkbox"/> 2/10	90	<input type="checkbox"/> 32-33	<input type="checkbox"/> 94	<input type="checkbox"/> 2/5	75																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 28-29	<input type="checkbox"/>	<input type="checkbox"/> 1/4	120	<input type="checkbox"/> 34-35	<input type="checkbox"/> 96	<input type="checkbox"/> 1/2	90																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 30-31	<input type="checkbox"/>	<input type="checkbox"/> 3/10	150	<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	120																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 32-33	<input type="checkbox"/>	<input type="checkbox"/> 2/5	120	<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5	160																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 34-35	<input type="checkbox"/>	<input type="checkbox"/> 1/2	170	<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1	200																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> 36-37	<input type="checkbox"/>	<input type="checkbox"/> 3/5	210	<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2																																																																																																																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/> 38-39	<input type="checkbox"/>	<input type="checkbox"/> 4/5				<input type="checkbox"/> 2																																																																																																																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/> 40-41	<input type="checkbox"/>	<input type="checkbox"/> 1		MA300		Size 14x17																																																																																																																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/> 42-43	<input type="checkbox"/>	<input type="checkbox"/> 1 1/2		<b>CA Initials:</b>																																																																																																																																																																																																																																																																																																																																																																																																								
		<input type="checkbox"/> 2		_____																																																																																																																																																																																																																																																																																																																																																																																																								

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Report of Findings is scheduled for:**

\_\_\_\_\_



## **TERMS OF ACCEPTANCE**

In order to provide the most effective healing environment, most effective application of chiropractic procedures, and the strongest possible doctor-patient relationship, it is our wish to provide each patient with a set of parameters and declarations that will facilitate the goal of optimum health through chiropractic.

To that end, we ask that you acknowledge the following point regarding chiropractic care and the services that are offered through this clinic:

- A. Chiropractic is a very specific science, authorized by law to address spinal health concerns and needs. Chiropractic is a separate and distinct science, art, and practice. It is not the practice of medicine.
- B. Chiropractic seeks to maximize the inherent healing power of the human body by restoring normal nerve functions through the adjustment of spinal subluxation(s). Subluxations are deviations from normal spinal structures and configurations that interfere with normal nerve processes.
- C. The chiropractic adjustment process, as defined in the law of this jurisdiction, involves the application of a specific directional thrust to a region or regions of the spine with the specific intent of re-positioning misaligned spinal segments. This is a safe, effective procedure applied over one million times each day by Doctors of Chiropractic in the United States alone.
- D. A thorough chiropractic examination and evaluation is part of the standard chiropractic procedure. The goal of this process is to identify any spinal health problems and chiropractic needs. If during this process, any condition or question outside the scope of chiropractic is identified, you will receive a prompt referral to an appropriate provider or specialist, according to the initial indications of the need.
- E. Chiropractic does not seek to replace or compete with your medical, dental, or other types of health professionals. They retain responsibility for care and management of medical conditions. We do not offer advice regarding treatment prescribed by others.
- F. Your compliance with care plans, home and self-care, etc., is essential to maximum healing and optimal health through chiropractic care.
- G. We invite you to speak frankly to the doctor on any matter related to your health care at this facility, its nature, duration, or cost, in what we work to maintain as a supporting open environment.

By my signature below, I have read and fully understand the above statements.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my satisfaction. I therefore accept chiropractic care on this basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Notice of Privacy Practices Acknowledgement**

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

1. Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal health care operations, such as quality assessments and physician certifications.

I acknowledge that I may request our NOTICE OF PRIVACY PRACTICES containing a more complete description of the uses and disclosures of my health information. I also understand that I may request, in writing, that you restrict how my private information is used to disclose, to carry out treatment, payment, or health care operation. I also understand you are not required to agree to my requested restrictions, but if you agree, then you are bound to abide by such restrictions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMED CONSENT FOR CHIROPRACTIC CARE**

CHIROPRACTIC CARE, LIKE ALL FORMS OF HEALTH CARE WHILE OFFERING CONSIDERABLE BENEFITS MAY ALSO PROVIDE SOME LEVEL OF RISK. THIS LEVEL OF RISK IS MOST OFTEN VERY MINIMAL, YET IN RARE CASES, INJURY HAS BEEN ASSOCIATED WITH CHIROPRACTIC CARE. THE TYPES OF COMPLICATIONS THAT HAVE BEEN REPORTED SECONDARILY TO CHIROPRACTIC CARE INCLUDE: SPRAIN/STRAIN INJURIES, IRRITATION OF A DISC CONDITION, AND RARELY, FRACTURES. ONE OF THE RAREST COMPLICATIONS ASSOCIATED WITH CHIROPRACTIC CARE OCCURRING AT A RATE BETWEEN ONE INSTANCE PER ONE MILLION TO ONE PER TWO MILLION CERVICAL SPINE (NECK) ADJUSTMENTS MAY BE A VERTEBRAL INJURY THAT COULD LEAD TO A STROKE.

PRIOR TO RECEIVING CHIROPRACTIC CARE IN THIS CHIROPRACTIC OFFICE, A HEALTH HISTORY AND PHYSICAL EXAMINATION WILL BE COMPLETED. THESE PROCEDURES ARE PERFORMED TO ASSESS YOUR SPECIFIC CONDITIONS, YOUR OVERALL HEALTH AND IN PARTICULAR, YOUR SPINAL HEALTH. THESE PROCEDURES WILL ASSIST US IN DETERMINING IF CHIROPRACTIC CARE IS NEEDED OR IF ANY FURTHER EXAMINATIONS OR STUDIES ARE NEEDED. IN ADDITION, THEY WILL HELP US DETERMINE IF THERE IS ANY REASON TO MODIFY YOUR CARE OR PROVIDE YOU WITH A REFERRAL TO ANOTHER HEALTH CARE PROVIDER. ALL RELEVANT FINDINGS WILL BE REPORTED TO YOU ALONG WITH A CARE PLAN PRIOR TO BEGINNING CARE.

---

**I UNDERSTAND AND ACCEPT THAT THERE ARE RISKS ASSOCIATED WITH CHIROPRACTIC CARE AND GIVE CONSENT TO THE EXAMINATION THAT THE DOCTOR DEEMS NECESSARY AND THE CHIROPRACTIC CARE, INCLUDING SPINAL ADJUSTMENTS, AS REPORTED FOLLOWING MY ASSESSMENT.**

\_\_\_\_\_  
**PRINT PRACTICE MEMBER NAME**

\_\_\_\_\_  
**PRACTICE MEMBER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

---

**IF THIS HEALTH PROFILE IS FOR A MINOR/CHILD, PLEASE FILL OUT AND SIGN BELOW**

**WRITTEN CONSENT FOR A CHILD**

**NAME OF PRACTICE MEMBER WHO IS A MINOR/CHILD** \_\_\_\_\_

**I AUTHORIZE DR. JARED BROWN AND/OR DR.SAMANTHA BROWN AND ANY AND ALL BRIGHT LIFE CHIROPRACTIC STAFF TO PERFORM DIAGNOSTIC PROCEDURES, RADIOGRAPHIC EVALUATION, RENDER CHIROPRACTIC CARE AND PERFORM CHIROPRACTIC ADJUSTMENTS TO MY MINOR/CHILD.**

**AS OF THIS DATE, I HAVE THE LEGAL RIGHT TO SELECT AND AUTHORIZE HEALTH CARE SERVICES FOR MY MINOR/CHILD. IF MY AUTHORITY TO SELECT AND AUTHORIZE CARE IS REVOKED OR ALTERED, I WILL IMMEDIATELY NOTIFY BRIGHT LIFE CHIROPRACTIC.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE AND RELATIONSHIP TO MINOR CHILD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BRIGHT LIFE CHIROPRACTIC WITNESS SIGNATURE

**Medical Information Release Form  
(HIPAA Release Form)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Release of Information:**

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse \_\_\_\_\_

Child(ren) \_\_\_\_\_

Other \_\_\_\_\_

Information is not to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

**Messages:**

Please call  my home  my work  my mobile number: \_\_\_\_\_

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

\_\_\_\_\_

The best time to reach me is (*day*) \_\_\_\_\_ between (*time*) \_\_\_\_\_

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

Bright Life Chiropractic representative: \_\_\_\_\_ Date: \_\_\_\_\_



# FAMILY HEALTH HISTORY

THIS FORM IS TO ASSIST THE DOCTORS BY PROVIDING PAST HEALTH HISTORY INFORMATION FOR THEIR REVIEW.

\_\_\_\_\_  
PLEASE PRINT YOUR NAME HERE

\_\_\_\_\_  
DATE

**\*\*\*PLEASE PLACE AN "X" IN THE APPROPRIATE BOXES BELOW\*\*\***

CONDITION	SPOUSE	SON	DAUGHTER	MOTHER	FATHER
ARM PAIN					
ARTHRITIS					
ASTHMA					
ADHD					
ALLERGIES					
BACK TROUBLE					
BEDWETTING					
CANCER					
CARPAL TUNNEL					
DECEASED					
DIABETES					
DIGESTIVE PROBLEMS					
DISC PROBLEMS					
EAR INFECTIONS					
FIBROMYALGIA					
HEADACHES					
HEARTBURN					
HIGH BLOOD PRESSURE					
HIP PAIN					
LEG PAIN					
MENSTRUAL DISORDER					
MIGRAINES					
NECKPAIN					
SCOLIOSIS					
SINUS TROUBLE					
SURGERIES					
TMJ					