

BAK CHIROPRACTIC

Jennifer J. Bak, D.C., P.C.

To The New Patient Outline of Procedure for New Patients

1. **STEP ONE:** All new patients are requested to fill out a personal health/history questionnaire.
2. **STEP TWO:** Your first consultation with the doctor to discuss your health problems.
3. **STEP THREE:** Diagnostic, chiropractic, orthopedic and neurological examination procedures to determine if chiropractic care is appropriate for your condition.
4. **STEP FOUR:** The doctor will advise you as to the need of additional procedures such as laboratory and x-ray tests, if necessary.
5. **STEP FIVE:** If your case requires immediate attention emergency first aid will be administered.
6. **STEP SIX:** You will be advised as to a time you can return for your "Report of Findings" when your doctor will inform you as to your examination results and whether or not your case has been accepted. You will also be advised concerning financial arrangements and insurance coverage as appropriate.
7. **STEP SEVEN:** After you return and receive your report of findings your recommended treatment program will be explained to you.
8. **STEP EIGHT:** Treatments will begin and continue as scheduled until your condition has been fully stabilized, or until the maximum possible improvement has been obtained.

PERSONAL HISTORY

Date: _____ S.S#: _____
Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business: _____ Cell: _____
Birth date: _____ Age: _____ Sex: M or F
Stated Height: _____ Stated Weight: _____ L ___ or R ___ Handed
Business/Employer: _____ Type of Work: _____
Circle One: Married Widowed Divorced Separated Single #of Children ____
Name and # of Emergency Contact: _____
Referred To This Office By: _____
Who Is Responsible For Your Bill: () Self () Spouse () Medicaid
() Medicare () Auto Insurance () Workman's Comp
() Other _____

CURRENT HEALTH CONDITION

Purpose of This Appointment: _____

Other Doctors Seen For This Condition: _____

When Did This Condition Begin: _____

() Job Related () Auto Related

List Medications: _____

PAST HEALTH HISTORY

Date of Last Visit to Primary Physician: _____

Please Check or Describe

Major Surgery/Operations: () Appendectomy () Tonsillectomy

() Gall Bladder () Hernia () Broken Bones () Other _____

Major Accidents or Falls: _____

Hospitalization (Other Than Above): _____

Previous Chiro Care: _____ () None

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can effect your overall diagnosis, treatment plan, and possibility of being accepted for care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Cancer/Type | <input type="checkbox"/> Venereal Infection |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Anemia | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Measles | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Goiter | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Influenza | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Malaria | | | |

CHECK ANY OF THE FOLLOWING YOU HAVE OR HAVE HAD ON THE PAST 6 MONTHS

MUSCULO-SKELETAL

- Shoulder
- Low Back Pain
- Pain Between Shoulders
- Neck Pain
- Arm Pain/Wrist Pain
- Joint Pain/ Stiffness
- Walking Problems
- Difficult Chewing/Clicking Jaw
- Orthotics

- Gas/Bloating After Meals
- Heartburn
- Black/Bloody Stool
- Colitis

EENT

- Vision Problems
- Dental Problems
- Sore Throat
- Ear Ache/Infections
- Hearing Difficulty
- Stuffed Nose
- Deviated Septum

GENITO-URINARY

- Bladder Trouble
- Painful/Excessive Urination
- Discolored Urine

NERVOUS SYSTEM

- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities

C.V.R.

- Asthma
- Chest Pain
- Shortness of Breath
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems
- Lung Problems/Congestion
- Varicose Veins
- Ankle Swelling

MALE/FEMALE

- Menstrual Irregularity
- Menstrual Cramping
- Vaginal Pain/Infections
- Breast Pain/Lumps
- Prostate/
- Sexual Dysfunction
- Date of Last Menstrual Cycle
- Pregnant Due Date

GENERAL

- | | |
|---|--|
| <input type="checkbox"/> Smoker Amount _____ | <input type="checkbox"/> Water/Glasses Per Day _____ |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Caffeine/Amount Per Day _____ |
| <input type="checkbox"/> Loss of Sleep _____ | |
| <input type="checkbox"/> Headaches/Migraines _____ | |
| <input type="checkbox"/> Vitamins/Supplements _____ | |

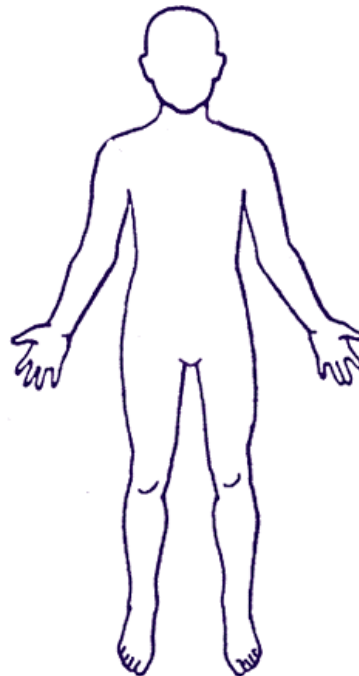
GASTRO-INTESTINAL

- Poor/Excessive Appetite
- Excessive Thirst
- Frequent Nausea
- Vomiting
- Diarrhea
- Constipation

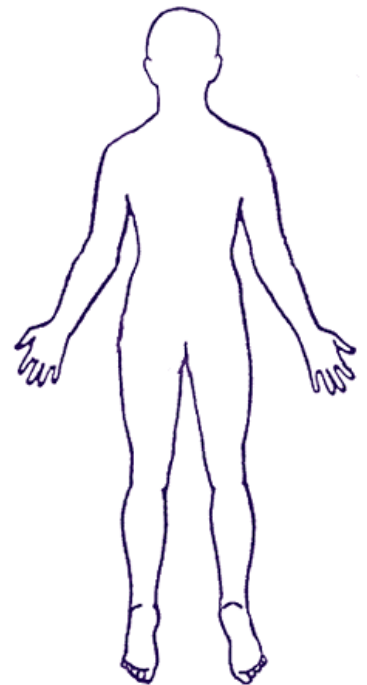
- Hemorrhoids
- Liver Trouble/Hepatitis
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps

DRAW IN PAINFUL AREA(S)

FRONT



BACK



FAMILY HEALTH INFORMATION

Many health problems are the result of hereditary spinal weakness; thus information about your family members will give us a better understanding of your total health picture.

<u>NAME</u>	<u>RELATION</u>	<u>PAST AND PRESENT HEALTH PROBLEMS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Temporary Relief). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with Chiropractic care (Comprehensive Care). Your Doctor will weigh your needs and desires when recommending your Chiropractic Care Program.

Please check if there are other areas of care you are interested in so that we may be guided by your wishes when possible:

- Temporary relief Corrective care Nutrition
 Stretches and strengthening Core stability Other _____
 Comprehensive care Posture instruction Work Station set-up
 I prefer the doctor select the type of care he/she feels is the best for me

INSURANCE INFORMATION

Is your condition due to an auto accident or job related injury? Yes No

Do you have health insurance? Yes No If yes, Policy # _____

Subscriber Information (if not the patient being treated).

Name of Subscriber: _____

Date of Birth of Subscriber: _____ S.S# of subscriber: _____

Name of Company: _____ Agent's Name: _____

Are you covered by Medicare? Yes No

If yes, Health Insurance #: _____

I understand and agree that health and accident policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this chiropractic office will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this chiropractic office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered to me are charges directly to me and that I am personally responsible for payment. I also understand that if I

suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Patient's Signature: _____ Date: _____

Guardian or Spouse's Signature: _____

Doctor's Signature: _____

Our goal at
BAK CHIROPRACTIC
Is to support individuals in achieving their
Optimum health and to educate them so that
They may understand health and Chiropractic
And in turn educate others.