



Matthew D. Roberts, D.C. ♦ Adam K. Pitsinger D.C.
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PATIENT RECORD UPDATE (simplified)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Patient Birthdate: _____

Marital Status: S M D W Spouse Name: _____ Spouse Birthdate: _____

Employer: _____ Phone: _____

Employer Address: _____

Insurance Company: _____

ID#: _____ Group#: _____

Is patient covered by additional insurance? yes no

Subscriber's Name: _____

Birthdate: _____ SS#: _____

Who is responsible for this account: _____

Relationship to Patient: _____

Would you like to be reminded of your appointment by text message or e-mail

Cell #: _____ Cell Carrier: _____

E-mail Address: _____



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Informed Consent

Patient Name: _____

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

The Nature of the Chiropractic Adjustment.

The Primary treatment we use as Doctors of Chiropractic is spinal manipulative therapy. We will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click," much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

Analysis/Examination/Treatment

As part of the analysis, examination, and treatment, you are consenting to the following procedures as necessary:

- Spinal Manipulative Treatment
- Range of Motion Testing
- Muscle Strength Testing
- Hot/Cold Therapy
- Palpation
- Orthopedic Tests
- Spinal Decompression
- Soft Tissue Work
- Vital Signs
- Basic Neurological Tests
- Ultrasound
- EMS

The Material Risks Inherent in Chiropractic Adjustment

As with any healthcare procedure, there are certain complications which may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. 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. We will make every reasonable effort during the examination to screen for contraindications to care; however, if you have a condition that would otherwise not come to our attention, it is your responsibility to inform us.

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 and during examination and possible X-ray. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in 5 million cervical adjustments. The other complications are also generally described as rare.

The Risks and Dangers Attendant to Remaining Untreated

Remaining untreated may allow the formation of adhesions and reduce mobility which may set 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

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. By signing below I state that I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to the treatment.

Patient's Signature or Parent/Guardian (if a minor)

Date:



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MISSED APPOINTMENT PROCEDURE

Your appointment is important to us and to your wellness. If you miss an appointment, you may be delaying the treatment you need. You may also have to wait longer than you would like for a new appointment date.

In consideration for others who are waiting to be seen here, it is very important that you keep each appointment and arrive promptly at the scheduled time. If you must change your appointment, please call at least 24 hours in advance to cancel the appointment. You may leave a voice message. Failure to do so will result in a charge of \$25. This charge is not covered by insurance and is to be paid before another appointment can be scheduled.

Patient Signature

Date

Electronic Health Records Intake Form

In compliance with requirements for the government EHR incentive program

First Name: _____ **Last Name:** _____

Email address: _____ @ _____

Preferred method of communication for patient reminders (Circle one): Email / Phone / Mail

DOB: ___/___/___ **Gender (Circle one):** Male / Female **Preferred Language:** _____

Smoking Status (Circle one): Every Day Smoker / Occasional Smoker / Former Smoker / Never Smoked

Smoking Start Date (Optional): _____

CMS requires providers to report both race and ethnicity

Race (Circle one): American Indian or Alaska Native / Asian / Black or African American / White (Caucasian)
Native Hawaiian or Pacific Islander / I Decline to Answer

Ethnicity (Circle one): Hispanic or Latino / Not Hispanic or Latino / I Decline to Answer

Are you currently taking any medications? (Please include regularly used over the counter medications)

Medication Name	Dosage and Frequency (i.e. 5mg once a day, etc.)

Do you have any medication allergies?

Medication Name	Reaction	Onset Date	Additional Comments

I choose to decline receipt of my clinical summary after every visit (These summaries are often blank as a result of the nature and frequency of chiropractic care.)

Patient Signature: _____ **Date:** _____

For office use only			