

HESS FAMILY CHIROPRACTIC, LLP

LIFETIME FAMILY WELLNESS

5524 BEE CAVE RD, K-6

WEST LAKE HILLS, TEXAS 78746

(512) 535-1048

NEW PATIENT INFORMATION

Our purpose is to educate as many families as possible about the spinal condition known as **Vertebral Subluxation**. Vertebral Subluxation destroys an **Optimal Spine** and your ability to have **Optimal Health**. Your experience with our office will be one of healing and one of learning the truth about Optimal Health.

Name:	Today's Date:	
Address:		
City:	State:	Zip:
Home Phone:	Work:	Cell:
Birth Date:	Current Age:	
Marital Status:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	Email:
Your Employer:	Your Work Address:	
Spouse's Name:		
Children (Name & Ages):	Spouse's Employer:	
Your Favorite Hobbies:		
Who may we thank for referring you? Name:	Internet: <input type="checkbox"/> Web Search <input type="checkbox"/> Yelp <input type="checkbox"/> CitySearch	
When did you last see a Chiropractor?	Dr's Name:	
Are you here because of an auto or work injury?	<input type="checkbox"/> Auto <input type="checkbox"/> Work	Date of Injury:
Please check reasons for pursuing chiropractic care:	<input type="checkbox"/> I'm continuing ongoing care from another chiropractor	
<input type="checkbox"/> I want to improve my immune function	<input type="checkbox"/> I'm interested in wellness and natural health care	
<input type="checkbox"/> I'm concerned about my health and I'm looking for answers	<input type="checkbox"/> I have a specific condition that concerns me. Please explain your condition or symptoms below:	
<input type="checkbox"/> I have no idea why I'm here. Please take the time to explain to me what you do.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
List other Doctors you have recently seen:		
Drugs taken:		
Surgeries you have had:		
Ever diagnosed with cancer?	What type or kind?	
Family health history:	<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Stroke <input type="checkbox"/> Allergies <input type="checkbox"/> High blood pressure	
<input type="checkbox"/> Lung Disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Depression	<input type="checkbox"/> Back Problems <input type="checkbox"/> Other:	
Who is financially responsible for this bill?		
Emergency Contact:	Phone Number:	

NEW PATIENT INFORMATION (CONTINUED)

A. The vast majority of our patients have experienced literally dozens of impacts that could cause Vertebral Subluxations. Help us discover a few of yours.

1. How many auto accidents have you been in? (please circle)
0 1-2 3-4 5+ Motorcycle accidents? _____

2. Which of the following sports have you been involved in? (Please Circle)
Football Basketball Baseball Soccer Hockey
Gymnastics Martial Arts Dance Wrestling Horseback Riding
Skating Water Skiing Other _____

3. Have you ever... (Please Check)
 Fallen down the stairs Had a stress or strain while working
 Slipped on ice or snow Had a sports injury

4. Do You... (Please Check)
 Sit more than four hours per day Drive more than two hours per day
 Work at a computer more than two hours per day Sleep on your stomach

5. What industry are you in ... (Please Check)
 Management Service Sales
 Health Care Homemaker Single Mom/Dad
 Armed Forces Construction Other: _____

B. Subluxations can cause malfunctions in any part of the body. Please check all the health complaints you are currently experiencing.

Neck Pain Arm/Hand Problem PMS
 Upper/Mid Back Pain Leg/Foot Problem Frequent Colds
 Low Back Pain Asthma Digestive Problems
 Headaches Allergies High Blood Pressure
 Posture Imbalance Sinus Problems Diabetes
 Other _____

C. Subluxations can put pressure on nerves for long periods of time.

How long have you had the above complaints? _____

D. Nerve pressure and irritation can be constant or occasional.

How often do you have the above complaints? _____

E. Irritation to different nerve fibers can create different sensations.

Is yours Sharp Dull Throbbing
 Achy Burning Tingling
 Numbness Other _____

F. Subluxations can cause a weakening of the entire spine.

Is yours worse in the morning late in the day at night
 all the time after activity

All first visit charges are payable/due when services are rendered. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand HealthQuest Chiropractic will provide the necessary information to assist me in making collections from the insurance company and any amount authorized to be paid directly to HealthQuest Chiropractic will be credited to my account. **However, I clearly understand and agree that I am personally responsible for payment due for services rendered.**

Patient's Signature Date

Guardian's Signature Authorizing Care for Minor Date

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TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of neural impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(Print Name)

Your signature verifies that the information given in these forms is complete and correct and that you, if eligible, accept chiropractic care on this basis.

(Signature)

(Date)

Consent to evaluate and adjust a minor child

I, _____, being the parent or legal guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

(Signature)

(Date)

Pregnancy Release

This is to certify that to the best of my knowledge, I am not pregnant and the above doctor and his/her associates have my permission to order, perform and/or conduct an x-ray evaluation. I have been advised that x-rays can be hazardous to an unborn child. Date of last menstrual period:_____.