

# Adult Patient Questionnaire

## CONFIDENTIAL PATIENT INFORMATION

First Name:

Last Name:

Date:

SS#:

DOB:

Sex: ☐ M ☐ F

Marital Status:

# of Children:

Occupation:

Street Address:

Height:

City, State, Postal Code:

Weight:

Email:

Cell Phone:

Other Phone:

Emergency Contact:

Emergency Relation:

Emergency Phone:

How did you hear about us?

Who is your primary care physician?

Date and reason for your last doctor visit:

Are you also receiving care from any other health professionals? ☐ Yes ☐ No

- If yes, please name them and their specialty:

Please note any significant family medical history:

## CURRENT HEALTH CONDITIONS

What health condition(s) bring you into our office?

Have you received care for this problem before? ☐ Yes ☐ No

- If yes, please explain:

When did the condition(s) first begin?

How did the problem start? ☐ Suddenly ☐ Gradually ☐ Post-Injury

Is this condition: ☐ Getting worse ☐ Improving ☐ Intermittent ☐ Constant ☐ Unsure

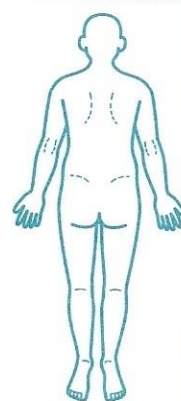
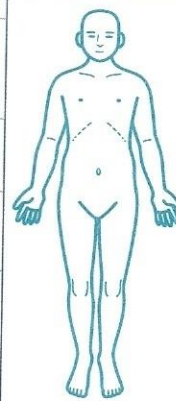
What makes the problem better?

What makes the problem worse?

Please indicate where you are experiencing pain or discomfort.

X= Current condition

O= Past condition



## YOUR HEALTH GOALS

Your top three health goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## CHIROPRACTIC HISTORY

What would you like to gain from chiropractic care? ☐ Resolve existing condition(s) ☐ Overall wellness ☐ Both

Have you ever visited a chiropractor? ☐ Yes ☐ No If yes, what is their name?

What is their specialty? ☐ Pain Relief ☐ Physical Therapy & Rehab ☐ Nutritional ☐ Subluxation-based ☐ Other: \_\_\_\_\_

Do you have any health concerns for other family members today?

## TRAUMAS: Physical Injury History

Have you ever had any significant falls, surgeries or other injuries as an adult? ☐ Yes ☐ No

- If yes, please explain:

Notable childhood injuries? ☐ Yes ☐ No If yes, please explain:

Youth or college sports? ☐ Yes ☐ No If yes, list major injuries:

Any auto accidents? ☐ Yes ☐ No If yes, please explain:

Exercise Frequency? ☐ None ☐ 1-3x per week ☐ 4-6x per week ☐ Daily

What types of exercise?

How do you normally sleep? ☐ Back ☐ Side ☐ Stomach Do you wake up: ☐ Refreshed and ready ☐ Stiff and tired

Do you commute to work? ☐ Yes ☐ No If yes, how many minutes per day?

List any problems with flexibility. (ex. Putting on shoes/socks, etc.)

How many hours per day you typically spend sitting at a desk or on a computer, tablet or phone?

## TOXINS: Chemical & Environmental Exposure

Please rate your CONSUMPTION for each:

	None						None				
	Moderate						Moderate				
	High						High				
Alcohol	①	②	③	④	⑤	Processed Foods	①	②	③	④	⑤
Water	①	②	③	④	⑤	Artificial Sweeteners	①	②	③	④	⑤
Sugar	①	②	③	④	⑤	Sugary Drinks	①	②	③	④	⑤
Dairy	①	②	③	④	⑤	Cigarettes	①	②	③	④	⑤
Gluten	①	②	③	④	⑤	Recreational Drugs	①	②	③	④	⑤

Please list any drugs/medications/vitamins/herbs/other that you are taking, and why.

## THOUGHTS: Emotional Stresses & Challenges

Please rate your STRESS for each:

	None						None				
	Moderate						Moderate				
	High						High				
Home	①	②	③	④	⑤	Money	①	②	③	④	⑤
Work	①	②	③	④	⑤	Health	①	②	③	④	⑤
Life	①	②	③	④	⑤	Family	①	②	③	④	⑤

## ACKNOWLEDGEMENT & CONSENT

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Patient Review of Systems

THE NERVOUS SYSTEM CONTROLS AND COORDINATES ALL ORGANS AND STRUCTURES OF THE HUMAN BODY

Please check the corresponding boxes for each symptom or condition you have experienced – including both past and present.

REGIONS	FUNCTIONS	SYMPTOMS		
		PAST	PRESENT	
 <b>Cervical</b>	<ul style="list-style-type: none"> <li>Autonomic Nervous System</li> <li>ENT System</li> <li>Vision, Balance &amp; Coordination</li> <li>Speech</li> <li>Immune System</li> <li>Digestive System</li> <li>Nerve Supply to Shoulders, Arms &amp; Hands</li> <li>Sympathetic Nucleus</li> <li>Metabolism</li> </ul>	<input type="checkbox"/> Colic & Excessive Crying <input type="checkbox"/> Ear & Sinus Infections <input type="checkbox"/> Allergies & Congestion <input type="checkbox"/> Immune Deficiency <input type="checkbox"/> Headaches & Migraines <input type="checkbox"/> Vertigo & Dizziness <input type="checkbox"/> Sore Throat & Strep <input type="checkbox"/> Swollen Tonsils & Adenoids <input type="checkbox"/> Vision & Hearing Issues <input type="checkbox"/> Low Energy & Fatigue <input type="checkbox"/> Difficulty Sleeping <input type="checkbox"/> Pain, Numbness & Tingling in Arms to Hands	<input type="checkbox"/> Epilepsy & Seizures <input type="checkbox"/> Sensory & Spectrum <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Focus & Memory Issues <input type="checkbox"/> Anxiety & Stress <input type="checkbox"/> Balance & Coordination <input type="checkbox"/> Speech Issues <input type="checkbox"/> TMJ / Jaw Pain <input type="checkbox"/> Stiff Neck & Shoulders <input type="checkbox"/> Depression <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Poor Metabolism & Weight Control	
	<b>Upper Thoracic</b>	<ul style="list-style-type: none"> <li>Upper G.I.</li> <li>Respiratory System</li> <li>Cardiac Function</li> </ul>	<input type="checkbox"/> Reflux / GERD <input type="checkbox"/> Chronic Colds & Cough <input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis & Pneumonia <input type="checkbox"/> Functional Heart Conditions
	<b>Mid Thoracic</b>	<ul style="list-style-type: none"> <li>Major Digestive Center</li> <li>Detox &amp; Immunity</li> </ul>	<input type="checkbox"/> Gallbladder Pain / Issues <input type="checkbox"/> Jaundice <input type="checkbox"/> Fever	<input type="checkbox"/> Indigestion & Heartburn <input type="checkbox"/> Stomach Pains & Ulcers <input type="checkbox"/> Blood Sugar Problems
	<b>Lower Thoracic</b>	<ul style="list-style-type: none"> <li>Stress Response</li> <li>Filtration &amp; Elimination</li> <li>Gut &amp; Digestion</li> <li>Hormonal Control</li> </ul>	<input type="checkbox"/> Behavior Issues <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Chronic Stress	<input type="checkbox"/> Allergies & Eczema <input type="checkbox"/> Skin Conditions / Rash <input type="checkbox"/> Kidney Problems <input type="checkbox"/> Gas Pain & Bloating
	<b>Lumbar, Sacrum &amp; Pelvis</b>	<ul style="list-style-type: none"> <li>Lower G.I. (Absorption &amp; Motility)</li> <li>Gut-Immune System</li> <li>Major Hormonal Control</li> </ul>	<input type="checkbox"/> Constipation <input type="checkbox"/> Crohn's, Colitis & IBS <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Bladder & Urination Issues <input type="checkbox"/> Cramps & Menstrual Issues <input type="checkbox"/> Cysts & Endometriosis <input type="checkbox"/> Infertility <input type="checkbox"/> Impotency <input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Sciatica & Radiating Pain <input type="checkbox"/> Lumbopelvic / SI Joint Pain <input type="checkbox"/> Hamstring Tightness <input type="checkbox"/> Disc Degeneration <input type="checkbox"/> Leg Weakness & Cramps <input type="checkbox"/> Poor Circulation & Cold Feet <input type="checkbox"/> Knee, Ankle & Foot Pain <input type="checkbox"/> Weak Ankles & Arches <input type="checkbox"/> Lower Back Pain <input type="checkbox"/> Gluten & Casein Intolerance

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Balanced Living Chiropractic Informed Consent to Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/ year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

## Balanced Living Chiropractic Privacy Policy

The Health Insurance Portability and Accountability Act of 1996 was designed to protect your rights to privacy of your protected health information. This act was passed with the intent to provide security of the electronic transmission of your individual health information.

At Balanced Living Chiropractic your personal health information (i.e. x-rays, initial medical history, progress record, etc.) and your public or nonpublic personal information (i.e. your SS#, your name, address, and phone number, date of birth, marital status, etc.) are never shared with any outside sources unless you personally request and authorize us to do so. We are not contracted with any insurance company except for Medicare and AETNA.

## Release of Information

I authorize Balanced Living Chiropractic to release photocopies of any and all information contained in my medical file or office records including but not limited to opinions, reports, notes, orders, x-rays, photographs, lab or test results or other documentation regarding my medical history, physical condition or medical condition resulting from any injury, accident, disease, disorder or dysfunction of whatsoever kind or nature necessary to process insurance claims to my insurance company for reimbursement for my expenses for services performed at this office or for payment of any unpaid balance to Balanced Living Chiropractic PLLC.

## Missed Appointments Policy

I acknowledge that if I do not show up, or call the office 24 hours prior to my appointment that I am directly responsible for a \$25 cancellation/missed appointment fee.

I acknowledge I have read all sections and have accepted the terms and statements made above:

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: Parent  
or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:



## **About Medicare Coverage**

### **FOR MEDICARE PATIENTS ONLY**

Medicare only pays Doctor of Chiropractic for limited services. Under Section 1862(a)(i) of the Medicare Act, Medicare will only pay for services that it determines to be "reasonable and necessary".

Medicare only pays for chiropractic adjustments defined as:

Acute (such as a strain and/or sprain)-defined as a new injury, identified by x-rays or physical exam. The results of chiropractic adjustments is expected to be an improvement in, or arrest of progression of the patient's condition.

According to Medicare law, most of the available services in our office are NON-COVERED including:

- Office visits- where no adjustments made, to evaluate and manage, re-evaluate advice or counsel.
- Adjustments to an area other than the spine ( i.e. shoulder, knee, arm, leg, etc.)
- Nutritional Supplements
- Maintenance Care- you are stable and not making any more improvements.
- Wellness Care- to promote better health.

Our office is a participating provider with Medicare and does accept assignment. By Medicare laws, we must bill Medicare for all chiropractic adjustments received in our office, even if they are non-covered by Medicare standards. You may choose for Medicare to be billed for all NON-covered services. After denial by Medicare, those services can be then followed to your other insurance company(s). Your other insurance company(s) will pay according to the terms of your contract.

### **Statement of Understanding and Authorization:**

I have agreed to receive these services and understand that I am responsible for all charges incurred regardless of my insurance coverage. I have read and understand the limitations of my Medicare coverage and effects it may have on any supplemental or secondary policies. I understand that I am responsible for deductible amounts, non-covered charges and any denied services that exceed Medicare guidelines. I request any reimbursement by my insurance company to be made to Balanced Living Chiropractic. I authorize the release of any information needed to process my claims.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
or Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Notifier: Balanced Living Chiropractic of Rochester PLLC**

**B. Patient Name:**

**C. Identification Number:**

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for **D.** \_\_\_\_\_ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** \_\_\_\_\_ below.

<b>D.</b>	<b>E. Reason Medicare May Not Pay:</b>	<b>F. Estimated Cost</b>
Manual Manipulation or Chiropractic Adjustment	-Medicare pays for active care only not maintenance care of the spine. Medicare does not pay for extremity adjustments.	98940-\$30-45 98941-\$30-45 98942-\$30-45
X-rays (72040,72070,72100)	-These are NON-COVERED items and services under Medicare when ordered and/or delivered by a Chiropractor	\$50-200
Examinations (99202,99203,99212,99213)		\$50-250
Maintenance adjustments (98940)		\$40

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### **G. OPTIONS: Check only one box. We cannot choose a box for you.**

- ☐ **OPTION 1.** I want the **D.** \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the **D.** \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- ☐ **OPTION 3.** I don't want the **D.** \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

### **H. Additional Information:**

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

<b>I. Signature:</b>	<b>J. Date:</b>
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