NEW PATIENT INTAKE FORM **ROWE CHIROPRACTIC**

Patient Name ____ ☐ Male ☐ Female Date___________________________

Address ____ Phone # _____________________________

City. State. Zip ____ Alt. Phone # _____________________________

Age _______ Height _______ Weight ________ ☐ Single ☐ Married ☐ Divorced ☐ Widowed

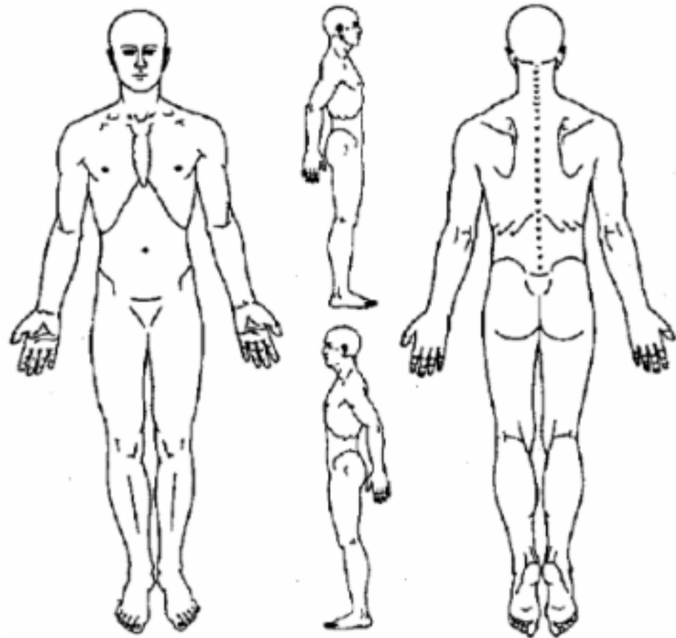
Date of Birth _______ / _______ / _________ E-Mail Address ____

Chief Complaint(s)... Reason(s) For Today's Visit

#1 ____

#2 ____

PLEASE INDICATE THE LOCATION ON THE DRAWING BELOW



Describe Your Symptoms:

☐ Dull/Achy ☐ Stiffness ☐ Sharp/Stabbing
☐ Numbness ☐ Tingling ☐ Throbbing
☐ Tight/Spasm ☐ Burning ☐ Deep
☐ Pin-Point ☐ General/Broad ☐ Superficial
☐ Shoot/Radiate ☐ Other / Own Words _______________

How Did Your Symptoms Begin?

☐ Suddenly ☐ Gradually Over Time ☐ Injury/Trauma

When Did Your Symptoms Begin?

☐ Days____ ☐ Weeks____ ☐ Months____ ☐ Years____

How Intense Is Your Pain/Discomfort?

0 = No Pain; 10 = Worst Pain Possible

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

None Mild Moderate Severe Emergency

How Often Do You Notice It?

☐ Not Very Often (0-25% of the Time)
☐ Some of the Time (25-50% of Time)
☐ Most of the Time (50-75% of Time)
☐ All of the Time (Constant 100% of Time)

Are Your Symptoms Changing?

☐ Getting Better With Time
☐ Staying About The Same
☐ Getting Worse With Time

Overall Health:

☐ Excellent ☐ Fair
☐ Very Good ☐ Poor
☐ Good ☐ Unsure

What Makes Symptoms Worse?

____

What Makes Symptoms Better?

____

Have You Tried Chiropractic Before?

☐ Yes ☐ No

Who Have You Seen For Your Current Complaint?

☐ No One Else ☐ Massage Therapist
☐ Surgeon ☐ Physical Therapist
☐ Specialist ☐ Another Chiropractor
☐ Medical Doctor ☐ OTHER ____________________

What Tests / Treatments / Procedures Were Performed?

☐ None ☐ Medication(s) ☐ Chiropractic Care
☐ X-Rays ☐ CT / MRI Imaging ☐ Physical Therapy
☐ Surgery ☐ Steroid Injections ☐ Blood Work
☐ Massage ☐ Diet / Exercise ☐ Other:

PATIENT HEALTH HISTORY QUESTIONNAIRE — ROWE CHIROPRACTIC

MUSCULOSKELETAL

Condition			Condition			Condition		
Headaches	Present	Past	Shoulder Pain	Present	Past	Hip Pain	Present	Past
Neck Pain	Present	Past	Elbow Pain	Present	Past	Knee Pain	Present	Past
Upper Back Pain	Present	Past	Wrist/Hand Pain	Present	Past	Ankle Pain	Present	Past
Mid Back Pain	Present	Past	Osteoporosis	Present	Past	Foot Pain	Present	Past
Low Back Pain	Present	Past	Arthritis (O.A.)	Present	Past	T.M.J. Pain	Present	Past
Scoliosis/Curve	Present	Past	Rheumatoid (R.A.)	Present	Past	Fracture	Present	Past
Herniated Disc	Present	Past	Carpal Tunnel	Present	Past	Stiffness	Present	Past

NEUROLOGICAL

Condition			Condition			Condition		
Headache/Migraine	Present	Past	Pins & Needles	Present	Past	Anxiety	Present	Past
Multiple Sclerosis	Present	Past	Memory Trouble	Present	Past	Depression	Present	Past
Sleeping Issue	Present	Past	Loss of Smell/Taste	Present	Past	Numbness	Present	Past

HEAD, EAR, NOSE, THROAT (E.N.T.)

Condition			Condition			Condition		
Glasses/Contacts	Present	Past	Vision Disturbance	Present	Past	Ear Ache	Present	Past
Ringing In Ear(s)	Present	Past	Loss of Hearing	Present	Past	Sore Throat	Present	Past
Sinus/Allergies	Present	Past	Difficult Swallowing	Present	Past	Dizzy/Vertigo	Present	Past

CARDIOVASCULAR

Condition			Condition			Condition		
Short of Breath	Present	Past	Heart Attack	Present	Past	Stroke/T.I.A.	Present	Past
High Cholesterol	Present	Past	Irregular Beat	Present	Past	Anemia	Present	Past
Bleeding Disorder	Present	Past	High Blood Press	Present	Past	Pacemaker	Present	Past
Edema/Swelling	Present	Past	Low Blood Press	Present	Past	Chest Pain	Present	Past

RESPIRATORY

Condition			Condition			Condition		
Pneumonia	Present	Past	Hay Fever/Allergy	Present	Past	Asthma	Present	Past
Sleep Apnea	Present	Past	Emphysema/COPD	Present	Past	Bronchitis	Present	Past

GASTROINTESTINAL (G.I.)

Condition			Condition			Condition		
Nausea/Vomiting	Present	Past	Abdomen Pain	Present	Past	Ulcer	Present	Past
Food Sensitivity	Present	Past	Loss of Appetite	Present	Past	Hernia	Present	Past
Heart Burn	Present	Past	Weight Gain/Loss	Present	Past	Hepatitis	Present	Past
Anorexia/Bulimia	Present	Past	Constipation	Present	Past	Diarrhea	Present	Past

GENITOURINARY (G.U.)

Condition			Condition			Condition		
Kidney Stone(s)	Present	Past	Painful Urination	Present	Past	Urgency To Go	Present	Past
Urinary Infection	Present	Past	Loss of Control	Present	Past	Difficult To Go	Present	Past

ENDOCRINE

Condition			Condition			Condition		
Thyroid Problem	Present	Past	Hypoglycemia (Low)	Present	Past	Diabetes (High)	Present	Past

OTHER CONDITIONS & SYMPTOMS

Condition			Condition			Condition		
Auto-Immune	Present	Past	Birth Defect	Present	Past	Pregnancy	Present	Past
Tumor/Cancer	Present	Past	Psychiatric Care	Present	Past	Shingles	Present	Past

Please List Any Other Condition / Symptom / Concern / Information You Would Like To Include:

PATIENT HEALTH HISTORY QUESTIONNAIRE — ROWE CHIROPRACTIC

MEDICATIONS / VITAMINS / SUPPLEMENTS

[PLEASE TELL US ALL YOU ARE CURRENTLY TAKING.]

- None. I Currently Do NOT Take Any Medications.
- I Take Over-The-Counter Meds Listed Here —>
- I Take Prescription Medications Listed Here —>
- See My List of Medications.

SURGERY / MEDICAL PROCEDURES

[PLEASE TELL US ABOUT ANY PROCEDURES YOU HAVE HAD. NOTE DATE OR AGE.]

- None. I Have NOT Had Any Medical Procedures.
- I Have Had Medical Procedures Listed Here —>

INJURIES / ACCIDENTS / HOSPITALIZATIONS

PLEASE TELL US ABOUT ANY SIGNIFICANT INJURIES/ACCIDENTS YOU HAVE HAD… Car Accidents, Slip and Falls, Work Accidents, etc.

- None. I Have NOT Had Any Significant Injuries.
- I Have Had Injuries or Accidents Listed Here —>

FAMILY HEALTH HISTORY

[PLEASE TELL US ABOUT YOUR IMMEDIATE FAMILY MEMBERS, NOT YOURSELF.]

- Cancer / Tumor
- Psychiatric Care
- Heart Trouble
- Diabetes
- High Blood Pressure
- Arthritis / Degeneration
- Auto-Immune Issue
- Stroke / TIA
- Thyroid Issue
- Anxiety / Depression
- Other:

OCCUPATION / EMPLOYMENT

- Full Time
- Part Time
- Retired
- Unemployed
- Student
- Heavy Labor
- Mostly Stand
- Mostly Sit
- Mostly Walk
- Love My Job
- Hate My Job
- It's An OK Job

EMPLOYER: ____

JOB TITLE / DESCRIPTION: ___________________________________

HOW LONG HAVE YOU HAD THE JOB: __________________________

SOCIAL HISTORY / PERSONAL HABITS

HABIT	NONE	LIGHT	SOME	HEAVY
Alcohol Use				
Tobacco Use				
Rec. Drug Use				
Caffeine Intake				
Fast Food				

HABIT	NONE	LIGHT	SOME	HEAVY
Water Intake				
Fruits/Veggies				
Exercise				
Average Sleep				
Stress				

As a patient, you have the right to be informed about your condition and the recommended treatment options so that you are able to make an informed decision about care after knowing the treatment options available, alternative treatment options, risks of care, risks of not seeking care, benefits of care, as well as the costs associated with care. This disclosure is meant to help inform you, the patient.

Chiropractic care involves the doctor using his hands or a device to adjust the joints of the body, predominately the spine. It is normal to feel joint motion and hear an audible sound during the treatment. Additional therapies, treatments, and diagnostic procedures may be utilized. It is also normal for some patients to have some associated soreness at times following care. This is typically minimal and often resolves within hours or days. Treatments are rendered to help reduce joint restriction(s) and restore normal joint mobility, thereby allowing the body to return to its optimal health. Chiropractic is designed to alleviate symptoms and help the body heal through a conservative non-invasive approach with hopes of avoiding medications and other more invasive procedures. However, like all healthcare modalities, there are potential risks (and benefits) and results are not always guaranteed and there is no definite promise for a specific cure, result, or outcome. In the practice of chiropractic, as with all healthcare procedures, there are both benefits and risks. We want you to be informed about any potential risks or problems associated with chiropractic health care before consenting to treatment. The following are some potential risk with explanations.

STROKE
A stroke means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The result can be a temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. Recent evidence suggests that it is not associated with stroke (2008, 2015, 2016), although the same evidence suggests that the patient may be entering the chiropractic office for neck pain or headache or other symptomatology that may in fact be a spontaneous dissection of the vertebral artery. If we believe this is happening, you will be immediately referred to emergency services. Anecdotal stories suggest that chiropractic adjustments may be associated with strokes that arise from the vertebral artery; this is because the vertebral artery is actually located inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called an “extension-rotation thrust-atlas adjustment.” To ensure your safety at our office, we do not do this type of adjustment on patients in our clinic. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of stroke ranges between 1 per every 400,000 - 3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

DISC HERNIATION
Disc herniations that create pressure on the spinal nerve or the spinal cord are frequently successfully treated by chiropractic care. Yet, occasionally chiropractic treatment (adjustments, traction, etc.) may aggravate the problem and rarely surgery may become necessary for correction. These problems occur so rarely that there are no available statistics to quantify their incidence.

CAUDA EQUINA SYNDROME (C.E.S.)
Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and/or sexual function. Representative symptoms include a leaky bladder, leaky bowels, or loss of sensation (numbness) around the pelvic region (the saddle area), or the inability to urinate or to start a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently die, and those functions may be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window of time to do so may be as short as 12-72 hours.
If you have any of these symptoms, tell us immediately, and if we cannot be reached, report to the emergency department.

SOFT TISSUE INJURY
Soft tissues primarily refer to muscles and ligaments. Muscles move the bones and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage, etc. may overstretch some muscle or ligament fibers. The result is a temporary increase in pain or soreness and may need treatment for resolution, but there are no long-term affects for the patients. These problems occur so rarely that there are no available statistics to quantify their incidence.

RIB OR OTHER FRACTURE(S)
The ribs are found only in the thoracic spine or middle back.. They extend from your back to your front chest area. Rarely a chiropractic adjustment may crack a rib bone, and that is referred to as a fracture. This occurs only in patients that have weakened bones from such things as osteoporosis. Osteoporosis can be noted on your x-rays. We adjust patients very carefully, and especially those who have osteoporosis on x-ray. These problems occur so rarely that there are no available statistics to quantify their incidence.

PHYSIOTHERAPY BURNS
Some of the machines we utilize generate heat. We may also use both heat and ice and recommend them for home care on occasion. Everyone’s skin has different sensitivity to these modalities, and rarely, both heat and ice can burn or irritate the skin. The result is a temporary increase in pain, and there may even be some blistering on the skin. These problems occur so rarely that there are no available statistics to quantify their incidence. Never put a home ice pack directly on the skin; always have an insulating layer such as a towel between the ice and skin.

PATIENT ACKNOWLEDGEMENT / INFORMED CONSENT *ROWE CHIROPRACTIC*

As noted, in the practice of chiropractic (as with all healthcare procedures), there are both risks and benefits. Please read the potential risks noted on the previous page (if you have not done so) and ask any questions you have before signing below. It is common for chiropractic adjustments, traction, or other modalities to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change(s). It is not dangerous, however please tell your doctor about it. Oftentimes the soreness only lasts a few hours following a treatment, however it may persist for up to a few days in some instances. By initialing/signing below you are indicating that you have read the information presented here and are fully aware of the potential risks associated with care at our clinic. You should be aware that there are potential risks of remaining untreated, such as adhesion formation, degenerative changes, and abnormal biomechanics, which ultimately can affect the body and overall health. You should also be aware that chiropractic care is not your only health care option. In our clinic we offer chiropractic care, acupuncture, physiotherapy modalities such as electrical muscle stimulation and ultrasound, as well as other treatment options such as LASER, etc. We also have nutritional supplements available which can be very beneficial for overall health, however individuals should consult with their medical doctor to check for any potential interactions or health conditions which may affect them personally. Alternative treatment options such as self-care, medication, physical therapy, massage therapy, bracing, injections, surgery, and numerous other options should also be considered and the best option for the individual should be selected; chiropractic or otherwise.

Please note that there may be other problems or complications that might arise from chiropractic treatment other than those previously noted. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment. Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure or guarantee a result for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will work with you and refer you to another provider whom we feel can better assist your situation. It is important for you to understand that if you develop a medical emergency or feel the need for immediate care and we cannot be reached here at the office, then you should go seek medical emergency care (9-1-1).

You should be aware that it is this clinic's policy to have patients fill out new paperwork on a yearly basis in order to help us keep our records up to date and give you the best treatment possible. Established patient update evaluations may be performed on a yearly basis or at any time during treatment for a new symptom or exacerbation of a symptom with an appropriate fee charged. We recommend patients return within a year of their date of current in order to remain active in our system. Patients who are not seen within one year may be charged an update evaluation fee. Please address any cost questions to the front desk staff. If you have questions about any of the information presented here, please ask the doctor or the front desk staff. Chiropractic care does have a few potential risks, however when used appropriately by a properly trained physician it is often very beneficial for the patient. Welcome to the clinic. When you have a full understanding of the information, please read & initial each statement and sign below.

______ ***Personal Information and Case History***

By initialing here and signing below I am agreeing that I have filled out this paperwork to the best of my ability and knowledge and I will not hold Rowe Chiropractic or Dr. Rowe responsible for any incorrect or missing information. I am who I say I am and agree to be contacted as needed by this clinic.

______ ***Financial Agreement and Disclaimer***

By initialing here and signing below I am agreeing that I understand that I am fully responsible for payment for the services provided. I understand that this clinic is a self-pay clinic and I must pay for all services provided. Please view and initial the fee sheet as well.

______ ***HIPAA (Health Insurance Portability and Accountability Act)***

By initialing here and signing below I am agreeing that I have had the opportunity to read and understand the HIPAA Notice of Privacy information which states how Dr. Rowe and Rowe Chiropractic and Acupuncture may use and disclose my health information. Your health information is protected and will only be shared with those individuals or companies that are necessary.

______ ***Informed Consent and Treatment***

By initialing here and signing below I am agreeing that I acknowledge the information presented here and I understand the risks and benefits involved with care and I agree to give Dr. Rowe and Rowe Chiropractic and Acupuncture permission to perform any necessary examinations and treatments which are clinically indicated. I do not expect the doctor to be able to anticipate and explain all risks and possible complications, however I wish to rely on the doctor to exercise his best clinical judgement during the course of treatment and utilize treatment procedures that are in my best interest. I understand that I may end my treatment at any time and I should ask questions if I have any concerns. I understand the nature and purpose of care and that care recommendations may be amended at any time according to my specific condition and my response to care. I understand all the information and wish to become a patient now.

PATIENT NAME ____ DATE ____

SIGNATURE ____ GUARDIAN (if needed) __________________________________

CLINIC FEE SHEET & ADDITIONAL INFORMATION — ROWE CHIROPRACTIC

New Patient Examination(s) / Initial Clinic Visit

$ 150	New Patient Chiropractic - Adult
$ 100	New Patient Chiropractic - Minor/Child
$ 100	New Patient Acupuncture
$ 190	New Patient Chiropractic + Acupuncture
$ 70	New Patient Laser

Existing Patient Examination(s) / Follow Up Re-Evaluation(s) / Focus Examination(s)

$ 90	Chiropractic Update (1-2 Years Since Last Patient Visit)
$ 120	Chiropractic Update (3-6 Years Since Last Patient Visit)
$ 150	Chiropractic Update (7+ Years Since Last Patient Visit)
$ 100	Acupuncture Update (1+ Years Since Last Patient Visit)

Treatment Options

$ 60	Chiropractic Adjustment
$ 60	Acupuncture Treatment
$ 100	Chiropractic + Acupuncture
$ 30	Low Level Laser Therapy
$ 30	Ultrasound Therapy
$ 30	E-Stim. / Interferential Therapy
$ 30	Instrument Assisted Soft Tissue Mobilization
$ 30	Intersegmental Traction

Diagnostic and Other Services

$ 100	X-Ray / Radiograph(s) - Per Region
$ 40	Sports Physical / Pre-Participation Physical Exam

Additional Notes

* Rowe Chiropractic and Acupuncture is a self-pay clinic, meaning you are responsible for your charges at the time of service.
* We do not accept health insurance as payment for services. We accept cash, check, HSA & card payments.
* Please note that if you are not seen within a year of your last visit to our clinic, you are subject to an update evaluation fee.
* We ask that our patients fill out new paperwork and get updates yearly so that we have the best info. possible to help treat you.
* Our clinic offers some clinic laboratory services and blood work; those prices vary considerably among various tests.
* Our clinic offers some supplementation products; the prices for these products vary considerably; please see front desk staff for info.
* Our clinic requires at a 24 hours notice when cancelling or rescheduling an appointment. If you fail to give this notice or do not show up to an appointment, you are still responsible for paying for the appointment as per our no show/late cancel policy.
* If you have a history of not showing for a scheduled visit or canceling without 24 hr notice, you may be required to pre-pay and future appointment requests may be declined.

We want to welcome you to our clinic and we hope that we may be able to help you achieve your goals of improved health and wellness. Please be aware that our clinic offers a great range of services and products to help you live your life to the fullest.
Once you have taken note of the above treatment options and prices, please initial below so that we know you have been made aware.

PATIENT ACKNOWLEDGEMENT ___________
Please Initial

*** PLEASE GIVE THE CLINIC 24-HOURS NOTICE IF CANCELING OR RE-SCHEDULING ***