

# WELCOME TO OUR OFFICE

## New Patient Information

All forms must be completed in ink

Date
------

Are you on Medicare? If Yes - Security Number
---

### Personal / Contact Information

Last Name		First Name		MI
Home Address		City	State	Zip
Occupation		Employer Name	Work Phone:	
Home Phone:		Cell Phone:	Email Address:	
Date of Birth	Age	Responsible Party if Minor	Gender	Marital Status

### Family Information

Spouse's Last Name		Spouse's First Name		Spouse's MI	Spouse's Date of Birth
Spouse's Occupation		Spouse's Employer Name		Work Phone:	
Number of Children	Child 1: First Name / Age		Child 2: First Name / Age		Child 3: First Name / Age
	Child 4: First Name / Age		Child 5: First Name / Age		
Emergency Contact Name (friend or relative)		Relationship		Phone #:	

### Worker's Compensation Claims

Is your present condition related to employment?	Is your present condition a result of an accident (fall, auto, etc?)
--	--

### Chiropractic History

Have you ever been seen by a chiropractor before?	When?	Who?
Did he/she use Applied Kinesiology?	Who can we thank for your referral to our office?	

# Greenville Avenue Chiropractic ~ Applied Kinesiology

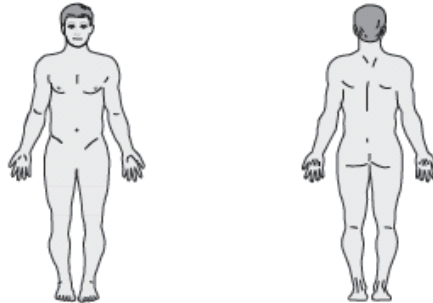
7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

## CHIEF COMPLAINT / PRESENT ILLNESS

	PROBLEM 1	PROBLEM 2	PROBLEM 3
<b>Major problems:</b> List and describe in order of importance.			
<b>Date:</b> When did it occur? (Give specific date.)			
Is it accident related? If YES, give details.			
What makes it better? (medication, heat, cold, movement, position, etc.)			
What makes it worse?			
Have you had this before? When?			
Have you seen another physician for this problem? Who?			
Were X-rays taken? What kind? Was lab work done? What tests?			

**PAIN DRAWING**

Please mark the areas of your pain on the outlines below.  
**N** – Numbness   **T** – Tingling   **P** – Pain   **W** – Weakness



RATE YOUR PAIN (0-10) \_\_\_\_\_  
 0 = No pain   10 = Worst pain possible

# Greenville Avenue Chiropractic ~ Applied Kinesiology

7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

## CONFIDENTIAL HEALTH HISTORY

The items below may relate to your current condition. Please check any of the following symptoms that you NOW HAVE or HAVE HAD previously.

### GENERAL

- Allergy
- Bruising
- Chills
- Convulsions
- Dizziness
- Fainting
- Fatigue
- Fever
- Headache
- Head trauma
- Loss of sleep
- Loss of weight
- Nervousness
- Numbness
- Sweats
- Tingling
- Twitching/Tremors
- Weakness

### EYE, EAR, NOSE, THROAT

- Clicking jaw
- Deafness
- Difficulty hearing
- Dental problems
- Eye pain
- Failing vision
- Far Sighted
- Gum trouble
- Hoarseness
- Near sighted
- Nosebleeds
- Ringing in the ears
- Sinus infection
- Swollen glands
- Tonsillectomy

### GASTROINTESTINAL

- Appendicitis
- Belching or gas
- Black or bloody stools
- Constipation
- Diarrhea
- Difficulty swallowing
- Distension of abdomen
- Excessive hunger
- Gall bladder trouble
- Heart burn or indigestion
- Hemorrhoids
- Hernia
- Jaundice
- Liver trouble
- Nausea
- Pain over stomach
- Poor appetite
- Ulcer
- Vomiting blood
- How often do you have a bowel movement?

### CARDIOVASCULAR

- Hardening of arteries
- High blood pressure
- Irregular heartbeat
- Pain in legs after walk
- Pain over heart
- Cold hands / feet
- Previous heart trouble
- Rheumatic fever
- Stroke
- Swelling of ankles
- Varicose veins

### RESPIRATORY

- Chest pain
- Chronic cough
- Difficulty breathing
- Pneumonia
- Tuberculosis (TB)
- Spitting up blood
- Spitting up phlegm
- Wheezing / asthma

### SKIN

- Acne
- Boils
- Change in mole
- Itching
- Rashes
- Skin cancer

### GENITOURINARY

- Bed-wetting
- Blood in urine
- Difficulty starting urination
- Infrequent urination
- Inability to control bladder
- Kidney stones
- Painful urination
- Sexual difficulties
- Venereal infection

### WOMEN ONLY

- Breast lump or pain
- Excessive menstrual flow
- Hot flashes
- Irregular cycle
- Painful menstruation
- Vaginal burn or itch
- Menstruation  
How many days? \_\_\_\_\_  
Days between periods? \_\_\_\_\_  
Date of last period? \_\_\_\_\_  
Date of last PAP? \_\_\_\_\_
- Menopause  
What age? \_\_\_\_\_
- Y/N Are you pregnant now?

### MEN ONLY

- Prostate problems
- Testicular swelling or pain

### MUSCULOSKELETAL

- Arthritis
- Low back pain
- Neck pain or stiffness
- Pain between shoulders
- Painful joints
- Stiff joints
- Swollen joints
- Spinal curvature



# Greenville Avenue Chiropractic ~ Applied Kinesiology

7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

## DIET HISTORY

Approximately how many of the following foods do you consume EACH WEEK?  
When possible, put figures in the blank spaces.

### Glasses of:

- \_\_\_ Whole milk
- \_\_\_ Skim milk
- \_\_\_ Buttermilk
- \_\_\_ Half & Half
- \_\_\_ Cheese

What Type? \_\_\_\_\_

### Servings of:

- \_\_\_ Eggs
- \_\_\_ Beef
- \_\_\_ Pork
- \_\_\_ Bacon
- \_\_\_ Liver
- \_\_\_ Fowl
- \_\_\_ Fish
- \_\_\_ Bologna/deli meats
- \_\_\_ Canned meats
- \_\_\_ Cereals
- \_\_\_ Sugarcoated cereals
- \_\_\_ Pancakes
- \_\_\_ Waffles
- \_\_\_ Crackers
- \_\_\_ Rice
- \_\_\_ Pasta
- \_\_\_ Macaroni
- \_\_\_ Soup

### Servings/portions of

- \_\_\_ Pie
- \_\_\_ Cakes
- \_\_\_ Cookies
- \_\_\_ Candy
- \_\_\_ Candy bars
- \_\_\_ Doughnuts/Danish
- \_\_\_ Ice cream
- \_\_\_ Jello-o

Other Desserts? \_\_\_\_\_

### Servings of vegetables

- \_\_\_ Potatoes (white/sweet)
- \_\_\_ Carrots
- \_\_\_ Beans (dry/string)
- \_\_\_ Corn
- \_\_\_ Parsley
- \_\_\_ Squash
- \_\_\_ Spinach
- \_\_\_ Mustard/turnip greens
- \_\_\_ Lettuce

### Vegetables (Continued)

- \_\_\_ Celery
- \_\_\_ Green peas
- \_\_\_ Broccoli
- \_\_\_ Asparagus
- \_\_\_ Cole slaw
- \_\_\_ Onions
- \_\_\_ Tomatoes
- \_\_\_ Watercress
- \_\_\_ Green peppers
- \_\_\_ Cabbage
- \_\_\_ Turnips

Others: \_\_\_\_\_

### Servings of fruit:

- \_\_\_ Oranges
- \_\_\_ Grapefruit
- \_\_\_ Pineapple
- \_\_\_ Apples
- \_\_\_ Bananas
- \_\_\_ Watermelon
- \_\_\_ Prunes
- \_\_\_ Dates
- \_\_\_ Raisins
- \_\_\_ Figs
- \_\_\_ Grapes
- \_\_\_ Applesauce
- \_\_\_ Dried fruit
- \_\_\_ Canned fruit
- \_\_\_ Frozen fruit
- \_\_\_ Others: \_\_\_\_\_

### Servings of:

- \_\_\_ Popcorn
- \_\_\_ Peanuts
- \_\_\_ Peanut butter
- \_\_\_ Other nuts: \_\_\_\_\_
- \_\_\_ Glasses of juice
- What kinds? \_\_\_\_\_
- \_\_\_ Glasses of soft drinks / colas
- What kinds? \_\_\_\_\_
- \_\_\_ Regular coffee
- \_\_\_ Decaf coffee
- \_\_\_ Teaspoons of sugar / day

What oils do you use for cooking? \_\_\_\_\_

What oils do you use in salads? \_\_\_\_\_

What did you eat yesterday for:

Breakfast? \_\_\_\_\_

Lunch? \_\_\_\_\_

Dinner? \_\_\_\_\_

What did you have to drink? \_\_\_\_\_

Did you snack between meals? Y/N

What? \_\_\_\_\_

How many per DAY?

- \_\_\_ Pats of butter
- \_\_\_ Pats of margarine
- \_\_\_ Slices of white bread
- \_\_\_ Whole Wheat bread
- \_\_\_ Other bread \_\_\_\_\_

\_\_\_ Glasses of water

\_\_\_ Coffee

\_\_\_ Tea

\_\_\_ Alcohol

Do you use salt:

Sparingly / freely / moderately?

Is this your average diet for the last 3 years? Y/N

What foods disagree with you? \_\_\_\_\_

Do you have indigestion Y/N

Are you fond of:

Meats? Y/N

Fats? Y/N

Sweets? Y/N

Vegetables Y/N

Fruits? Y/N

Bread Y/N

# Greenville Avenue Chiropractic ~ Applied Kinesiology

7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

## SIGNATURE PAGE

Please read the following documents:

- Consent to Chiropractic Treatment
- Notice of Privacy Practices

Sign your agreement on this form which will be a part of your records. You may keep the consent and HIPPA documents for your reference.

**Thank you!**

### CONSENT TO CHIROPRACTIC EXAMINATION / TREATMENT

I hereby authorize Dr. Kristi Long and whoever is designated as assistants to administer chiropractic examination, treatment and/or x-rays as deemed necessary for my care.

Signature: \_\_\_\_\_

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

### HIPPA - PRIVACY

I understand and agree to the Privacy laws, policies and procedures of Greenville Avenue Chiropractic.

Signature: \_\_\_\_\_

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

### CONSENT TO TREATMENT OF A MINOR (IF APPLICABLE)

I hereby authorize Greenville Avenue Chiropractic, Dr. Kristi Long, and whomever is designated as assistants to administer chiropractic examination, treatment as deemed necessary to my child.

Name of Child: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

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

# Greenville Avenue Chiropractic ~ Applied Kinesiology

7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

## CONSENT TO CHIROPRACTIC TREATMENT

**The primary treatment used is the spinal adjustment.  
We may use this procedure to treat you.**

### 1. THE NATURE OF CHIROPRACTIC ADJUSTMENT

We will use our hands or a mechanical device on 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 sensation of movement.

### 2. THE MATERIAL RISK INHERENT IN CHIROPRACTIC ADJUSTMENT

As with many health care procedures, there are certain complications, which may arise during a chiropractic adjustment. Those complications include: fractures, disc injuries, dislocations, muscle strain, Horner's Syndrome, diaphragmatic paralysis, cervical myelopathy and costovertebral strains and separations. 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 feel some stiffness and soreness following the first few days of treatment.

### 3. 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 the examination and/or x-ray. Stroke has been the subject of tremendous disagreement within and without the profession with one prominent authority saying that there is at most a one-in-a-million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination, which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as "rare."

***Please sign the "Signature Page" for our records. You may keep this copy for your records.***

I hereby authorize Dr. Kristi Long and whoever is designated as assistants to administer chiropractic examination, treatment and/or x-rays as deemed necessary for my care.

Signature: \_\_\_\_\_

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

# Greenville Avenue Chiropractic ~ Applied Kinesiology

7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

## NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

*Please review it carefully*

Greenville Avenue Chiropractic – Applied Kinesiology, Dr. Kristi Larsen-Long and Dr. David Thorne has adopted the following privacy policies:

### **Uses and Disclosures**

*Treatment.* Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

*Payment.* Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

*Healthcare Operations.* Your health information may be used as necessary to support the day-to-day activities and management of our office. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

*Law enforcement.* Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and comply with government mandated reporting.

*Public health reporting.* Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

*Other uses and disclosures require your authorization.* Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of the information that occurred before you notified us of your decision.

### **Additional Uses of Information**

*Appointment reminders.* Your health information may be used by our staff to notify you of appointment reminders.

*Information about treatments.* Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

1. The right to request restrictions on the use and disclosure of your Protected Health Information;



# Greenville Avenue Chiropractic ~ Applied Kinesiology

7515 Greenville Avenue ❖ Suite 904 ❖ Dallas, TX 75231 ❖ (214) 823-1323

2. The right to receive confidential communications concerning your medical condition and treatment;
3. The right to inspect and copy your Protected Health Information;
4. The right to amend or submit corrections to your Protected Health Information;
5. the right to receive an accounting of how and to whom your Protected Health Information has been disclosed; and
6. The right to receive a printed copy of this notice.

## **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## **Requests to Inspect Protected Health Information**

As permitted by federal regulation, we require that requests to inspect or copy Protected Health Information be submitted in writing. You may obtain a form to request access to your records by contacting our receptionist or your chiropractor.

## **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter to your chiropractor outlining your concerns at:

Dr. Kristi Long  
Greenville Avenue Chiropractic  
7515 Greenville Avenue, Suite 904  
Dallas, TX 75231

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concerns to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

## **Contact Person**

The name and address of the person you may contact for further information concerning our privacy practices is Dr. Kristi Long at the address above.

\*\* HIPPA (Health Insurance Portability and Accountability Act) was signed into law on August 21, 1996, Public Law, 104-191. This was designed to provide insurance portability, to improve the efficiency of health care by standardizing the exchange of administrative and financial data, and to protect the privacy, confidentiality and security of health care information. It impacts all areas of the health care industry.

***Please sign the "Signature Page" for our records. You may keep this copy for your records.***

## **HIPPA - PRIVACY**

I understand and agree to the Privacy laws, policies and procedures of Greenville Avenue Chiropractic.

---

Signature

---

Date