

# **Welcome to Brown & Whitemarsh Chiropractic**

Thank you for choosing our office. We are committed to providing you and your family with the highest quality of chiropractic care available so that you heal quickly and enjoy an active, healthy, long life. We will be working together to help you and your family reach your health and lifestyle goals.

If you ever have any questions about your chiropractic care, please don't hesitate to ask one of our highly educated chiropractic team members. All of your questions, even the ones you haven't even thought of yet, will be answered during your Chiropractic Report.

Chiropractors have become the primary care doctors for millions of people around the world. Regardless of your reason for visiting our office today, our goal is to become your family's trusted provider and resource for living a healthy lifestyle throughout your lifetime.

Dr. Kevin Brown      Dr. Gina Brown      &      Dr. Erin Mitchell



Drugs? (Prescriptive or Non-Prescriptive)	Y	Y	Y	Y	Y	_____
Have Teeth Problems?	Y	Y	Y	Y	Y	_____
Have Eye Problems?	Y	Y	Y	Y	Y	_____
Have Hearing Problems?	Y	Y	Y	Y	Y	_____
Exercise regularly?	Y	Y	Y	Y	Y	_____
Have sleeping problems? (nightmares)?	Y	Y	Y	Y	Y	_____
Have occupational stress?	Y	Y	Y	Y	Y	_____
Have physical stress?	Y	Y	Y	Y	Y	_____
Have mental stress?	Y	Y	Y	Y	Y	_____
Have hobbies/sports injuries?	Y	Y	Y	Y	Y	_____
Sleeping posture – side–stomach–back	_____	_____	_____	_____	_____	_____

**Current Health Condition**

Present Complaint or Crisis? If no current crisis, what is the reason for your visit today?

Major \_\_\_\_\_

Pain or Problem started on \_\_\_\_\_

Pains are:     Sharp         Dull                 Constant         Intermittent

What activities aggravate your condition/pain? \_\_\_\_\_

What activities lessen your condition/pain? \_\_\_\_\_

Is condition worse during certain times of the day? \_\_\_\_\_

Is this condition interfering with work? \_\_\_\_\_ Sleep? \_\_\_\_\_ Routine? \_\_\_\_\_ Other? \_\_\_\_\_

Is this condition getting progressively worse? \_\_\_\_\_

Other Doctors seen for this condition \_\_\_\_\_

Any home remedies? \_\_\_\_\_

**Other symptoms:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Headaches         | <input type="checkbox"/> Face Flushed           | <input type="checkbox"/> Light Bothers Eyes | <input type="checkbox"/> Feet Cold       |
| <input type="checkbox"/> Neck Pain         | <input type="checkbox"/> Neck Stiff             | <input type="checkbox"/> Loss of Memory     | <input type="checkbox"/> Hands Cold      |
| <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Pins & Needles in Legs | <input type="checkbox"/> Ears Ring          | <input type="checkbox"/> Stomach Upset   |
| <input type="checkbox"/> Back Pain         | <input type="checkbox"/> Pins & Needles in Arms | <input type="checkbox"/> Fever              | <input type="checkbox"/> Constipation    |
| <input type="checkbox"/> Nervousness       | <input type="checkbox"/> Numbness in Fingers    | <input type="checkbox"/> Fainting           | <input type="checkbox"/> Loss of Balance |
| <input type="checkbox"/> Tension           | <input type="checkbox"/> Numbness in Toes       | <input type="checkbox"/> Cold Sweats        | <input type="checkbox"/> Buzzing in Ear  |
| <input type="checkbox"/> Irritability      | <input type="checkbox"/> Shortness of Breath    | <input type="checkbox"/> Loss of Smell      |  |
| <input type="checkbox"/> Chest Pains       | <input type="checkbox"/> Fatigue                | <input type="checkbox"/> Loss of Taste      |  |
| <input type="checkbox"/> Dizziness         | <input type="checkbox"/> Depression             | <input type="checkbox"/> Diarrhea           |  |

Have you been under drug and medical care? \_\_\_\_\_

What medications are you taking? \_\_\_\_\_

How Long? \_\_\_\_\_ Have you had surgery? \_\_\_\_\_ What? \_\_\_\_\_ When? \_\_\_\_\_

What side effects have you experienced from the drugs and surgery? \_\_\_\_\_

**Family History:**

	Heart Disease	Arthritis	Cancer	Diabetes	Other _____
Father's Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your oldest grandparent on record lived to the age of \_\_\_\_\_.     Still living         Deceased

Upon the completion of your first visit, you will receive a Chiropractic Report to discuss the different types of Active Life Plans that are available to you. Active Life Plans are designed to get you feeling better quickly and to help you and your family be as healthy as possible. Please review the Active Life Plan Explanations prior to your Chiropractic Report so you can choose the level of participation that supports you in reaching all of your health goals.

**As a result of my chiropractic care, I would like to (Please check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Feel better quickly                       | <input type="checkbox"/> Live a healthier lifestyle |
| <input type="checkbox"/> Have a healthier spine and nervous system |   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Terms of Agreement**

## ***TERMS OF ACCEPTANCE***

When a patient seeks chiropractic health care, and when a chiropractor accepts a patient for such care, it is essential that both are seeking and working for the same goal – To locate, analyze and correct spinal interference to the nerve system. 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.

We do not diagnose conditions of disease other than that which relates to vertebral subluxations (spinal misalignments). However, if during the course of a chiropractic spinal exam, we encounter complaints that warrant medical attention, we will recommend that you seek the services of a provider who specializes in that area. We offer no treatment of conditions other than that which relate to vertebral subluxations. Our primary role is to identify subluxations and our primary method of correcting them is through spinal adjustments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment at the time of service (excluding work comp). It is also understood and agreed the amount paid the office for x-rays is for examination only and the x-ray films will remain the legal property of the office. I hereby authorize the doctor to examine and render care. By signing below I agree to all the terms outlined.

**Patient or Guardian's Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ***FEMALE PATIENTS ONLY - Non-Pregnancy Verification for X-rays***

Let it be known by all people by my signature that I am not pregnant. If it later becomes known that I was pregnant during this x-ray examination, that I do not hold Brown/Whitemarsh Chiropractic and the doctors liable.

**Patient or Guardian's Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ***CHILDREN & MINORS ONLY – Consent to Treat a Minor***

I hereby authorize the doctor and whomever he may designate as assistants to examine and administer chiropractic care as deemed necessary to my child.

**Patient or Guardian's Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **HEALTH CARE AUTHORIZATION FORM**

Every medical and non-medical doctor in the United States is required by law to have patients sign the following authorization form which protects the privacy of your personal health/medical records. This form is for your benefit. If you have any questions, please do not hesitate to ask the office manager.

Patient's Full Name \_\_\_\_\_

Patients SS# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

THE PATIENT IDENTIFIED ABOVE AUTHORIZES BROWN CHIROPRACTIC AND WHITEMARSH CHIROPRACTIC TO USE AND OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

### **SPECIFIC AUTHORIZATIONS**

I give permission to Brown Chiropractic and Whitemarsh Chiropractic to use my address, phone number and clinical records to contact me with appointment reminders, missed appointment notification, birthday cards, holiday related cards, information about treatment alternatives or other health related information.

If Brown Chiropractic and Whitemarsh Chiropractic contacts me by phone at home, work or on my cell phone, I give permission to the office staff to leave a phone message on my answering machine, voice mail or email.

I give Brown Chiropractic and Whitemarsh Chiropractic permission to treat me in an open room where other patients may also be treated. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I ask to speak with the doctor at any time in private, the doctor will provide a room for these conversations. I understand that I may choose treatment in a private room rather than in the open adjusting suite.

I give permission to Brown Chiropractic and Whitemarsh Chiropractic to speak to me about treatment or report of findings in front of my spouse or children if I choose to bring them to my appointments.

By signing this form, you are giving Brown Chiropractic and Whitemarsh Chiropractic permission to use and disclose your protected health information in accordance with the directives listed above.

**Patient or Guardian's Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Office Fee Schedule and Financial Policy

We are committed to providing the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. **Everyone is expected to pay for their chiropractic care at the time the service is rendered unless they arrange a Care Plan in advance.** Care plans are designed to be the most cost effective way to keep you and your family as healthy as possible. Details of these plans will be discussed with you during your Chiropractic Report.

### Fee Schedule

Pre-Consultation	Complimentary
Complete Consultation,	
Health History & Exam	\$50
Bio-Structural Exam	\$15
Cervical X-Ray (each)	\$35
Lumbar X-Ray (each)	\$45
Radiology Review	\$35
Spinal Adjustments	\$38
Senior (Medicare) Adjustment	\$35
Adjustment Plans**	monthly - yearly
Intersegmental Traction***	\$10
G5 Massage***	\$10
Soft Tissue/NMR***	\$15

\* The first visit will include some or all of the following, Complete Consultation, Health History & Exam, Cervical X-Rays, Lumbar X-Rays and a Radiology Review.

\*\*Adjustment plans provide significant discounts on x-rays, adjustments and re-exams for those who commit to recommended care plans. These plans are based on individual or family needs.

\*\*\* Intersegmental traction, g5 massage & Soft Tissue/NMR are available at the Whitemarsh office only and are utilized in addition to the adjustment.

### Health Insurance

If you have insurance that covers chiropractic, we will give you all of the information you need to get reimbursed. We have found it is easier for your record keeping, and ours, if we give you receipts at the end of your first visit and then once a month after that. Just send in your receipts with a copy of your claim form and your insurance company will communicate with you about your reimbursement. Remember, your agreement with your insurance company is between you and them.

### Medicare

The amount of care Medicare allows may be limited, but they will pay for visits related to an accident, injury or exacerbation (on old problem that has recently worsened). You will need to pay for your visits at the time of service unless other arrangements are made. We will in turn file your Medicare and supplemental insurance claims and the checks will be sent directly to you from Medicare and your insurance company.

I have read, understand and agree to the above policies.

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Signature

date

# Office Policies & Procedures

\_\_\_\_\_ **1. Symptoms:** Regardless of the reason you came to our office, it is important to understand the difference between symptoms and their cause. As your spine is corrected you will have good days and bad days. Don't get caught up in this roller coaster; it is normal. You will be happiest and get the best results if you understand that this is a process designed to get you functioning at your peak level and get you on the road to wellness. This takes time and is a lifelong process. Stay focused on this outcome so you are pleased with your results and enjoy the journey.

\_\_\_\_\_ **2. Appointments:** A certain number of adjustments in a given time period is necessary to get the best results from your care and create wellness in your life. While we can't predict the exact number of adjustments you will need, we do know that consistency creates the best results. Therefore it is absolutely necessary that you keep your appointments. If you need to change an appointment, please call in advance to reschedule it within 24 hours so you stay on target for wellness. It is your responsibility to get here. We will do all we can to accommodate you.

\_\_\_\_\_ **3. Daily Visit Procedure:** Each time you arrive for your adjustment, sign/scan in and have a seat in the reception room until you are directed to an adjusting room by the chiropractic assistant or computer. Go back to the adjusting room, lay down on your stomach and relax until the doctor becomes familiar with your spine to adjust you. Once the doctor learns your spine, your adjustments will take only a few minutes and be very focused. Please help keep things moving by laying down quietly and relaxing for your adjustment. Our office environment is designed to help you to receive your care quickly and efficiently with minimal waiting. Should you feel the need for a private adjustment or consultation, inform our staff and we will gladly accommodate you, at no extra charge of course.

\_\_\_\_\_ **4. Dynamic Examinations:** During your Initial Intensive Care you will receive several Dynamic Examination to monitor your level of spinal correction. On this visit you will fill out an Update Form and be taken to the Exam Room. Some of the findings from your initial visit will be retested. Plan on spending approximately 20 extra minutes on these days. There is an additional fee for this visit unless you are on a Prepayment Plan that is all inclusive. Immediately following your Dynamic Examination, the doctor will sit down with you to discuss your results. At the end of your Corrective Adjustment Plan you will receive recommendations for a Lifestyle Adjustment Plan to help you stay as healthy as possible.

\_\_\_\_\_ **5. Exercise:** Many people try to correct their spine with exercise. Research shows that people who exercise on an injured spine that has healed improperly will tend to experience more rapid deterioration of their spinal bones, disks, and nerves. However, when you exercise in conjunction with your Chiropractic adjustments, you will find that your spine will improve more quickly and your athletic performance will be dramatically enhanced. We recommend that you do some type of aerobic exercise, such as walking, at least once a day.

\_\_\_\_\_ **6. Nutrition:** Good nutrition is important to maximize your health and healing capacities. A diet filled with fresh fruits and vegetables will help fulfill your nutritional needs on a daily basis. We also offer supplements that are higher quality and often more affordable than those available at the store. For more detailed information on nutrition, please consult one of our doctors or staff.

\_\_\_\_\_ **7. Results:** We are very results oriented, however many factors that we have no control over affect how quickly you respond to your care. These include but aren't limited to your age, occupation, activity/exercise, stress levels, diet, how long you have had your vertebral subluxations, and how many subluxations are present in your spine. Regardless of these circumstances, your body has an incredible ability to heal itself. The recommendations we make will consider these factors along with the current condition of your spine. We will do all we can to get you to Lifestyle Care as quickly as possible.

**PATIENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Congratulations on choosing Chiropractic.  
Follow through with your family, and enjoy the  
health benefits that come with  
a Chiropractic Lifestyle.**