

PATIENT INTAKE FORM

PATIENT INFORMATION



Date of Appointment: _____

Name:		
Last	First	Middle
Address:		
Street /PO Box		Apt No.
City	State	Zip
Contact:		
Cell	Other	Email

<input type="checkbox"/> Male	Marital Status: _____	Auto Accident? Y/N	If Yes, When?
<input type="checkbox"/> Female	Employer: _____	Date of Birth:	_____
Children? <input type="checkbox"/>			mm/dd/yyyy

In Case of Emergency		
Name	Relationship	Phone()

Previous Chiropractic:	Y/N	If Yes, When? _____
Primary Care Doctor:	_____	
Referral Source:	_____	

MAJOR COMPLAINTS

Woman Only: Last Menstrual Period?		
() Neck Pain	() Headaches	() Depression
() Neck Stiffness	() Migraines	() Nervous/Anxious
() Arm/Head Numb Tingling	() Dizziness	() Tremors/ Shakes
() Cold Hands	() Blurred Vision	() Sleeping Difficulty
() Neck Motion Decreased	() Nausea/ Vomiting	() Energy Loss/ Fatigue
() Upper Back Pain	() Fainting	() Heart Palpitation
() Upper Back Stiff	() Equilibrium Problems	() Chest Pain
() Lower Back Pain	() Hi/Low Blood Pressure	() Breathing Problems
() Lower Back Stiff	() Loss of Memory	() Eye Strain
() Leg/Foot Numb/Tingling	() Flushed/Pale Face	() Ear Problems
() Arthritis	() Excess Perspiration	() Constipation
() Cancer	() Diarrhea	() Muscle Spasms

Office Policy

The following is an explanation of our clinic policy. We believe that a clear definition of our office policy will allow us both to concentrate on the big issue-regaining and maintaining your health. We will be happy to answer any questions you have regarding our policy, your account, or your insurance coverage.

Insurance Coverage

Most insurance policies now cover chiropractic care. We will be happy to file your primary insurance forms for you and do everything we can to ensure your proper reimbursement.

X-rays

We will release your X-rays to another doctor after you sign a release/transfer form and your account has been addressed, unless you have been referred for a consultation.

Appointments

In order to better serve our patients, we ask that you call if unable to make an appointment, or if you will be late. Your appointment time is reserved for you. When you fail to notify our office, this leaves a time slot open that could otherwise be filled to help someone else. Please help us help others.

Payments

At Back 2 Health Bellevue/Seattle, your health care needs are our primary concern. We do not want finances to get in the way of you getting the health care you need. Policies are in place in an attempt to assist you in meeting your financial obligations without increasing stress in your life.

- 100% of the first visit charges are due on the first day unless other payment arrangements have been made.
- Monthly payments are required on all unpaid balances. Payment plans are available and can be set up on a monthly basis.
- There will be a \$25.00 charge on all returned checks.

Referrals

If you move from our area, we will be glad to refer you to another chiropractor. We will forward your X-rays and records after you sign a release/transfer, and your account has been paid in full or financial arrangements have been made.

PERSONAL INJURY OFFICE POLICY

A personal injury case is any case in which a person was injured due to the fault of another person (this does not include work injuries in most cases). Automobile accidents are an example of a personal injury case.

If you were involved in an automobile accident and have **PIP INSURANCE COVERAGE** we will ask you to open that PIP coverage to pay the bills at our office. **THIS MUST BE DONE IMMEDIATELY.** If you do not have personal injury protection or PIP on your insurance policy, we require that you either hire an attorney, or pay in **full** for each visit at the time of the visit. By signing below you are authorizing us to release your records in order for us to collect on the balance due for your accident claim.

PIP insurance is required under Washington state law. In Washington all auto liability insurance policies must (unless you sign a waiver declining it) carry at least \$10,000 in PIP benefits to cover medical bills, lost wages or any combination of the two.

PIP insurance covers the medical bills and some wage loss of the people hurt in a certain vehicle.

Remember, it does not matter here who was at fault in your accident, if the other driver was at fault they, or their insurance, will be required to pay your insurance company back.

- **OPENING A CAR ACCIDENT INJURY CLAIM WILL NOT RAISE YOUR INSURANCE RATES IF YOU WERE NOT AT FAULT.**
- This insurance is medical coverage you have been paying for as part of your normal premium.
- PIP pays for your medical bills after an accident, regardless of who is at fault in the accident.

Why Won't My Rates Increase if I Use My PIP Insurance?

- Washington State Insurance Law does not allow insurance companies to raise your rates unless you were at fault in the auto accident.
- RCW 46.52.130 states:
- "No policy of insurance may be canceled, non-renewed, denied, or have the rate increased on the basis of such information unless the policy holder was determined to be at fault"
- This law makes it illegal for your insurance company to raise your rates if you are the victim of an auto accident and actually has legal consequences if the insurance company disobeys. In case of accidently rate increase the insurance company can be charged with a gross misdemeanor, and if they are found to have raised your rates intentionally it is considered a class c felony which is a punishable offense.
- This insurance law does not only apply to PIP insurance, but also to under-insured and uninsured motorist protection. So if you ever find yourself the victim of an auto accident be sure to use your Personal Injury Protection and UM/UIM benefits to help you recover.

Our office will do our very best to ensure that you receive the best possible care. However, this will require active participation between yourself and the doctor. You will need to adhere to the treatment schedule that the doctor prescribes for you.

If this is a third party claim we will be filing a Lien with the county.

If you have PIP insurance and the insurance company is not paying in full or you have exhausted your benefits a lien will be filed with the county.

Once the claim has settled no further liens will be filed.

I _____ have read, understand and agree to the above policy.

Signed: _____

Date: _____

Authorization to Use or Disclosure Protected Health Information

Your authorization is requested for the purpose of delivering your care in an open-adjusted or open-door adjusting environment as described in the office's privacy notice.

We are requesting your authorization in this regard to assure that you are fully informed and in agreement with the method and circumstances in which we deliver chiropractic care. Your care will not be a conditioned on your agreement to this authorization. You have the right not to sign this authorization and you also have the right to revoke this authorization at a later date if that is your wish. If you wish to revoke this authorization at some time the future please advise us accordingly in writing.

If you agree to this authorization a copy will be maintained by this office and a copy will be provided to you by your request.

I, _____ consent to Back 2 Health Bellevue/Seattle, Austin Hsu, D.C. use and disclosure of my Protected Health Information for the purpose of providing treatment to me, for purposes relating to the payment of services rendered to me, and for the Practice's general healthcare operations purposes. Healthcare operations purposes shall include, but not be limited to, quality assessment activities, credentialing, business management and other general operation actives. I understand that the Practice's diagnosis or treatment of me may be conditioned upon my consent as evidenced by my signature on this document. For purposes of this Consent, "Protected Health Information" means any information, including my demographic information, created or received by the Practice, that relates to my past, present of future physical or mental health or condition; the provision of health care to me; or the past, present, or future payment for the provision of health care services to me; and that either identifies me or from which there is a reasonable basis to believe the information can be used to identify me.

Thank you for your cooperation and understanding.

Name: _____ Date: _____

Signed: _____ Date: _____

If you are a minor if you are being represented by another party please provide the appropriate person's:

Name: _____ Date: _____

Signed: _____ Date: _____

Relationship to patient: _____

Neck Index

ACN Group, Inc. Form NI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name _____

Date _____

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- Ⓐ I have no pain at the moment.
- ① The pain is very mild at the moment.
- ② The pain comes and goes and is moderate.
- ③ The pain is fairly severe at the moment.
- ④ The pain is very severe at the moment.
- ⑤ The pain is the worst imaginable at the moment.

Personal Care

- Ⓐ I can look after myself normally without causing extra pain.
- ① I can look after myself normally but it causes extra pain.
- ② It is painful to look after myself and I am slow and careful.
- ③ I need some help but I manage most of my personal care.
- ④ I need help every day in most aspects of self care.
- ⑤ I do not get dressed, I wash with difficulty and stay in bed.

Sleeping

- Ⓐ I have no trouble sleeping.
- ① My sleep is slightly disturbed (less than 1 hour sleepless).
- ② My sleep is mildly disturbed (1-2 hours sleepless).
- ③ My sleep is moderately disturbed (2-3 hours sleepless).
- ④ My sleep is greatly disturbed (3-5 hours sleepless).
- ⑤ My sleep is completely disturbed (5-7 hours sleepless).

Lifting

- Ⓐ I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- ② Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ④ I can only lift very light weights.
- ⑤ I cannot lift or carry anything at all.

Reading

- Ⓐ I can read as much as I want with no neck pain.
- ① I can read as much as I want with slight neck pain.
- ② I can read as much as I want with moderate neck pain.
- ③ I cannot read as much as I want because of moderate neck pain.
- ④ I can hardly read at all because of severe neck pain.
- ⑤ I cannot read at all because of neck pain.

Driving

- Ⓐ I can drive my car without any neck pain.
- ① I can drive my car as long as I want with slight neck pain.
- ② I can drive my car as long as I want with moderate neck pain.
- ③ I cannot drive my car as long as I want because of moderate neck pain.
- ④ I can hardly drive at all because of severe neck pain.
- ⑤ I cannot drive my car at all because of neck pain.

Concentration

- Ⓐ I can concentrate fully when I want with no difficulty.
- ① I can concentrate fully when I want with slight difficulty.
- ② I have a fair degree of difficulty concentrating when I want.
- ③ I have a lot of difficulty concentrating when I want.
- ④ I have a great deal of difficulty concentrating when I want.
- ⑤ I cannot concentrate at all.

Recreation

- Ⓐ I am able to engage in all my recreation activities without neck pain.
- ① I am able to engage in all my usual recreation activities with some neck pain.
- ② I am able to engage in most but not all my usual recreation activities because of neck pain.
- ③ I am only able to engage in a few of my usual recreation activities because of neck pain.
- ④ I can hardly do any recreation activities because of neck pain.
- ⑤ I cannot do any recreation activities at all.

Work

- Ⓐ I can do as much work as I want.
- ① I can only do my usual work but no more.
- ② I can only do most of my usual work but no more.
- ③ I cannot do my usual work.
- ④ I can hardly do any work at all.
- ⑤ I cannot do any work at all.

Headaches

- Ⓐ I have no headaches at all.
- ① I have slight headaches which come infrequently.
- ② I have moderate headaches which come infrequently.
- ③ I have moderate headaches which come frequently.
- ④ I have severe headaches which come frequently.
- ⑤ I have headaches almost all the time.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Neck
Index
Score

Back Index

ACN Group, Inc Form BI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name _____

Date _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ① The pain comes and goes and is very mild.
- ② The pain is mild and does not vary much.
- ③ The pain comes and goes and is moderate.
- ④ The pain is moderate and does not vary much.
- ⑤ The pain comes and goes and is very severe.
- ⑥ The pain is very severe and does not vary much.

Sleeping

- ① I get no pain in bed.
- ② I get pain in bed but it does not prevent me from sleeping well.
- ③ Because of pain my normal sleep is reduced by less than 25%.
- ④ Because of pain my normal sleep is reduced by less than 50%.
- ⑤ Because of pain my normal sleep is reduced by less than 75%.
- ⑥ Pain prevents me from sleeping at all.

Sitting

- ① I can sit in any chair as long as I like.
- ② I can only sit in my favorite chair as long as I like.
- ③ Pain prevents me from sitting more than 1 hour.
- ④ Pain prevents me from sitting more than 1/2 hour.
- ⑤ Pain prevents me from sitting more than 10 minutes.
- ⑥ I avoid sitting because it increases pain immediately.

Standing

- ① I can stand as long as I want without pain.
- ② I have some pain while standing but it does not increase with time.
- ③ I cannot stand for longer than 1 hour without increasing pain.
- ④ I cannot stand for longer than 1/2 hour without increasing pain.
- ⑤ I cannot stand for longer than 10 minutes without increasing pain.
- ⑥ I avoid standing because it increases pain immediately.

Walking

- ① I have no pain while walking.
- ② I have some pain while walking but it doesn't increase with distance.
- ③ I cannot walk more than 1 mile without increasing pain.
- ④ I cannot walk more than 1/2 mile without increasing pain.
- ⑤ I cannot walk more than 1/4 mile without increasing pain.
- ⑥ I cannot walk at all without increasing pain.

Personal Care

- ① I do not have to change my way of washing or dressing in order to avoid pain.
- ② I do not normally change my way of washing or dressing even though it causes some pain.
- ③ Washing and dressing increases the pain but I manage not to change my way of doing it.
- ④ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ⑤ Because of the pain I am unable to do some washing and dressing without help.
- ⑥ Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ① I can lift heavy weights without extra pain.
- ② I can lift heavy weights but it causes extra pain.
- ③ Pain prevents me from lifting heavy weights off the floor.
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ⑤ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ⑥ I can only lift very light weights.

Traveling

- ① I get no pain while traveling.
- ② I get some pain while traveling but none of my usual forms of travel make it worse.
- ③ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ④ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ⑤ Pain restricts all forms of travel except that done while lying down.
- ⑥ Pain restricts all forms of travel.

Social Life

- ① My social life is normal and gives me no extra pain.
- ② My social life is normal but increases the degree of pain.
- ③ Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ④ Pain has restricted my social life and I do not go out very often.
- ⑤ Pain has restricted my social life to my home.
- ⑥ I have hardly any social life because of the pain.

Changing degree of pain

- ① My pain is rapidly getting better.
- ② My pain fluctuates but overall is definitely getting better.
- ③ My pain seems to be getting better but improvement is slow.
- ④ My pain is neither getting better or worse.
- ⑤ My pain is gradually worsening.
- ⑥ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back
Index
Score