Discover Specific Chiropractic

4101 Main Street, Suite A
Hilton Head Island, SC 29926
www.specificchiropractic.com
(843) 689-CARE (2273) | F: (843) 342-3608

NAME		DATE OF BIRTH/AGE
ADDRESS		
CITY/STATE/ZIP		
HOME PHONE	WORK PHONE	MOBILE PHONE
E-MAIL ADDRESS		SOCIAL SECURITY #
Are you married? ❒ YES ❒ NO	SPOUSE'S NAME/DATE OF BIRTH	
WHO REFERRED YOU TO US?		
INSURANCE COMPANY NAME AND NUMBER		
EMPLOYER		OCCUPATION

Please list present complaints, injuries and duration:

Have you had chiropractic care before? ❒ YES ❒ NO

Do you have health insurance? ❒ YES ❒ NO Are you on Medicare? ❒ YES ❒ NO

Are you here for: ❒ an auto accident ❒ an on the job injury Date of injury:

Do you have an attorney? ❒ YES ❒ NO

Name of primary care physician and date of last visit:

Date and reason for last physical examination:

For women: is it possible you are pregnant? ❒ YES ❒ NO

Please list all accidents, falls, injuries, surgeries, major illnesses with dates:

Are you presently taking any medication? (Name, dosage, reason)

Discover Specific Chiropractic

4101 Main Street, Suite A
Hilton Head Island, SC 29926
www.specificchiropractic.com
(843) 689-CARE (2273) | F: (843) 342-3608

Below are a list of diseases which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Polio
- ☐ Tuberculosis
- ☐ Whooping Cough
- ☐ Anemia
- ☐ Measles
- ☐ Mumps
- ☐ Small Pox
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart Disease
- ☐ Thyroid
- ☐ Influenza
- ☐ Pleurisy
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Mental Disorders
- ☐ Lumbago
- ☐ Eczema

INTAKE (PLEASE LIST)

- ☐ Coffee _____
- ☐ Tea _____
- ☐ Alcohol _____
- ☐ Cigarettes _____
- ☐ White Sugar _____

Have you been tested HIV positive? ☐ Yes ☐ No

CHECK ANY OF THE FOLLOWING YOU HAVE HAD THE PAST 6 MONTHS:

MUSCULO-SKELETAL CODE

- ☐ Low Back Pain
- ☐ Pain Between Shoulders
- ☐ Neck Pain
- ☐ Arm Pain
- ☐ Joint Pain/Stiffness
- ☐ Walking Problems
- ☐ Difficult Chewing/Clicking Jaw
- ☐ General Stiffness

NERVOUS SYSTEM CODE

- ☐ Nervous
- ☐ Numbness
- ☐ Paralysis
- ☐ Dizziness
- ☐ Forgetfulness
- ☐ Confusion/Depression
- ☐ Fainting
- ☐ Convulsions
- ☐ Cold/Tingling Extremities
- ☐ Stress

GENERAL CODE

- ☐ Fatigue
- ☐ Allergies
- ☐ Loss of Sleep
- ☐ Fever
- ☐ Headaches

GASTRO-INTESTINAL CODE

- ☐ Poor/Excessive Appetite
- ☐ Excessive Thirst
- ☐ Frequent Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Hemorrhoids
- ☐ Liver Problems
- ☐ Gall Bladder Problems
- ☐ Weight Trouble
- ☐ Abdominal Cramps
- ☐ Gas/Bloating After Meals
- ☐ Heartburn
- ☐ Black/Bloody Stool
- ☐ Colitis

GENITO-URINARY CODE

- ☐ Bladder Trouble
- ☐ Painful/Excessive Urination
- ☐ Discolored Urine

C-V-R CODE

- ☐ Chest Pain
- ☐ Short Breath
- ☐ Blood Pressure Problems
- ☐ Irregular Heartbeat
- ☐ Heart Problems
- ☐ Lung Problems/Congestion
- ☐ Varicose Veins
- ☐ Ankle Swelling
- ☐ Stroke

EENT CODE

- ☐ Vision Problems
- ☐ Dental Problems
- ☐ Sore Throat
- ☐ Ear Aches
- ☐ Hearing Difficulty
- ☐ Stuffed Nose

MALE/FEMALE CODE

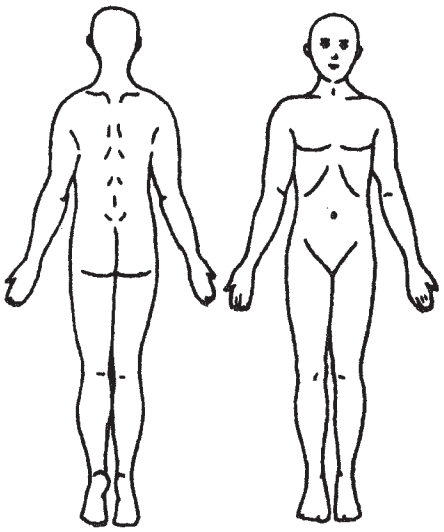
- ☐ Menstrual Irregularity
- ☐ Menstrual Cramps
- ☐ Vaginal Pain/Infection
- ☐ Breast Pain/Lumps
- ☐ Prostate/Sexual Dysfunction
- ☐ Other Problems
- ☐ _____
- ☐ _____
- ☐ _____

FEMALES ONLY:

When was your last period?_____

Are you pregnant?

☐ Yes ☐ No ☐ Not Sure



Please outline on the diagram the area of your discomfort

FAMILY HISTORY

The following members have a same or similar problem as I do:

- ☐ Mother
- ☐ Father
- ☐ Brother
- ☐ Sister
- ☐ Spouse
- ☐ Child

Discover Specific Chiropractic

4101 Main Street, Suite A
Hilton Head Island, SC 29926
www.specificchiropractic.com
(843) 689-CARE (2273) | F: (843) 342-3608

Why Chiropractic?

People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Your doctor will weigh your needs and desires when recommending your treatment program. Please check the type of care desired so that we may be guided by your wishes whenever possible.

- ❒ Relief Care. Relief Care is the care necessary to eliminate of your symptoms of pain, but not the cause of it. It is the same as drying a floor that was getting wet from a leak, but not fixing the leak.
- ❒ Corrective Care. The goal of corrective care aims to not only eliminate the symptoms of pain, but also to correct the cause of the problem. Depending upon the condition or injury, corrective care varies in the length of time to stabilize the problem.
- ❒ Check here if you want the doctor to select the type of care appropriate for your condition. Our office policy state that payment is due when services are rendered. As a courtesy to you, we will file your insurance claims for you.

Financial Policy

To expedite the scheduling of your next appointment and to help facilitate your payment process we accept the following methods of payment.

- ❒ Cash
- ❒ Check
- ❒ Credit Card (American Express, VISA, MasterCard) To provide you with the best possible timely service at our front desk, you may register your credit card in our vault. By doing so you have created a secure transaction. We will provide you with either an instant e-mail receipt or a paper receipt.
- ❒ Group Insurance: As a service to you, we will file your medical insurance for you. Your deductible will be met first, then we will pay your co-payment. Your co-payment is due at the time services are rendered. Certain charges that the insurance doesn't pay for remain your responsibility.
- ❒ Automobile Insurance: Before we can file your personal injury protection we must have verification of automobile insurance ("Med PAY") and a copy of the accident report.
- ❒ Workers Compensation: before you can be treated as a Workers Comp case, we must have written authorization from your employer, verifying that the injury sustained was work related and a case has been opened with a case number.
- ❒ Liability (Attorney): This option is used only in the event that a Personal Injury case is filed without any other bases of payment prior to a settlement agreement being reached.

I have read the above and checked one method of payment.

Printed Name	Signature	Date
Witness		

Discover Specific Chiropractic

4101 Main Street, Suite A
Hilton Head Island, SC 29926
www.specificchiropractic.com
(843) 689-CARE (2273) | F: (843) 342-3608

Assignment and Instruction for Direct Payment to Doctor

Private and group accident and health insurance

I hereby direct and instruct my Insurance Company to pay by check made out to and mailed directly to:

Discover Specific Chiropractic Center
4101 Main Street, Suite A
Hilton Head Island, SC 29926

If my current policy prohibits direct payment to doctor, then I hereby also direct and instruct you to make out the check to me and mail it as follows:

Discover Specific Chiropractic Center
4101 Main Street, Suite A
Hilton Head Island, SC 29926

The professional or medical expense benefits allowable and otherwise payable to me under my current policy as payment towards the total charges for professional services rendered. *This is a direct assignment of my rights and benefits under this policy*. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in current manner, any balance of said professional service charges over and above the insurance payment.

Medicare Patients Only

Medicare will only pay for service that it determined to be "reasonable and necessary" under Section 1962 (a) (1) of the Medicare law. If Medicare determined that a particular service, although it would otherwise be covered, is "not medically necessary" under Medicare program standards, Medicare will deny payment for that service.

A photocopy of this assignment shall be considered as effective and valid as the original.
I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case. Use this form as an example of my "signature on file."
I have been notified by my physician that he/she believes that Medicare is likely to deny payment for my x-rays and examination and I agree to be personally responsible for payment of the agreed services.

Date
Signature of Policyholder
Witness
Signature of claimant, if other than policyholder

Discover Specific Chiropractic

4101 Main Street, Suite A
Hilton Head Island, SC 29926
www.specificchiropractic.com
(843) 689-CARE (2273) | F: (843) 342-3608

Privacy Policy

We are very concerned with protecting your privacy. We may disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment or treatment of your health, to another party if they are potentially responsible for the payment of your services, or within our practice for quality control. We have more than one doctor in our office and your information may be shared with other doctors, in case of an emergency. You have the right to request that we do not disclose your health information to specific individuals, companies or organizations. Any requests, such as these, must be made in writing. However, we are not required to agree to your restrictions.

Your chiropractor and members of the practice staff may need to use your name, address, phone number and your clinical records to contact you with appointment reminders, information about treatment alternatives or other related information that may be of interest to you. If this contact is made by phone and you are not at home, a message will be left on your answering machine. Our office sends out new patient letters, post cards, birthday cards and statements periodically.

By signing this, you give Discover Specific Chiropractic permission to send mail to the address given on your introduction paperwork and, if chosen, allowed to put your name on the patient of the month board in the lobby. You are consenting to treatment and, if needed, allowing Discover Specific Chiropractic to bill your insurance and have the payment sent straight to our office.

Date
Patient Name Printed
Patient Signature
Authorized Provider Representative