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

HOW DID YOU FIND US?
❒ Facebook ❒ Nextdoor ❒ Google ❒ Referred by: ❒ Other:

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)

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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

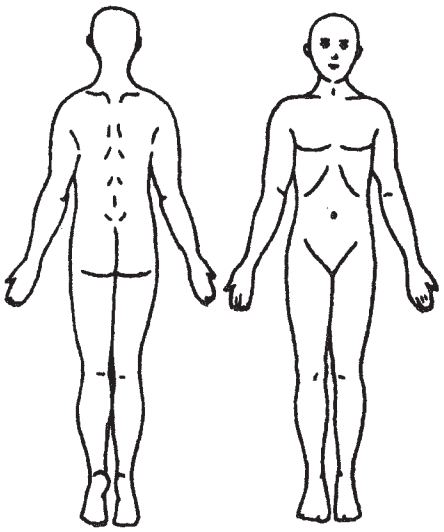
- ☐ Menstrual Irregularity
- ☐ Menstrual Cramps
- ☐ Vaginal Pain/Infection
- ☐ Breast Pain/Lumps
- ☐ Prostate/Sexual Dysfunction
- ☐ Other Problems
- ☐ _____
- ☐ _____
- ☐ _____

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

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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		

Financial Policy

It is our firm belief that all of our patients deserve quality care. In order for us to provide this level of service, it is important that our patients understand our financial policies.

If we are participating providers in your plan, we will accept assignment for payment and submit a claim on your behalf to the insurance company. You must provide our office with accurate insurance information in order for us to file your claim. Failure to provide accurate information may forfeit your right for us to file your claim. Some insurance companies require you to satisfy an office copay and/or deductible before they submit payment. We require copays and/or deductibles be paid at the time services are rendered. It is important to remember that your insurance coverage is a contract between you and your insurance company. You are responsible for any balances or charges not covered by your insurance.

If you receive a patient statement, please remember you have already received services from our office and the balance is your responsibility. If you are unable to pay your balance in full, please contact our billing department to make payment arrangements.

Assignment and Instruction for Direct Payment to Doctor

| hereby direct and instruct my insurance company to pay Discover Specific Chiropractic. A photocopy of this assignment shall be considered as effective and valid as the original. | understand | am financially responsible for any amount not covered by my insurance policy. | also authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case. This form is my signature on file.

Medicare Patients Only

Medicare will only pay for service that it determines 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. (X-rays and Examination) | have been notified by my physician that he/she believes that Medicare is likely to deny payment for my X-rays and Examination and | agree to be personally responsible for payment of the agreed services.

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. We have more than one doctor in our office and your information may be shared with other doctors. You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. Any request, such as these, must be made in writing. However, we are not required to agree to you 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 health related information that may be of interest to you. If this contact is made by phone and you do not answer, we will leave a voice mail. Our office sends out new patient letters, post cards, birthday cards and statements periodically.

By signing this, I hereby acknowledge that have read and understand Discover Specific Chiropractic’s privacy policy. I understand that I may obtain a copy of the privacy notice.

_____ _____

Signature of Responsible Party Date

Would you like to receive texts in regards to appointments/questions? Please check one. ❒ Yes ❒ No