OCEAN CHIROPRACTIC CENTER
OF AVENTURA

Adult Chiropractic Health Questionnaire

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City, State, Zip: _____ Work Phone: _____
Birth Date: _____ Age: _____ SS#: _____
Occupation: _____ Employer: _____
Marital Status: M W Sep. D Sin. Spouse Name: _____ NO. of Children: _____
E-mail Address: _____

1. Most patients are referred to our office by caring family member of friend. What made you decide to visit our office? Friend/Family Member Name _____

2. Research shows that your spine should be checked regularly. How many times have you visited a chiropractor in your lifetime? _____ ☐ Never

3. When was your last complete spinal examination including x-rays? _____ ☐ Never

4. Have you ever been told that you have a spinal curvature, spinal arthritis, or inherited spinal problem?
☐ YES ☐ NO _____

5. Spinal misalignments cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck? ☐ YES ☐ NO

6. Spinal misalignments can make you feel like you need to twist, stretch or crack your neck or back. Do you ever feel the need to crack or pop your neck or lower spine? ☐ YES ☐ NO

7. Poor posture leads to poor health and often indicates a spinal problem. How would you rate your posture?
Poor - 1 2 3 4 5 6 7 8 9 10 - Excellent

8. Stress can cause or accelerate spinal damage. Rate your stress level over the last 90 days.
Low - 1 2 3 4 5 6 7 8 9 10 - High

9. Please list any health symptoms or health complaints you are experiencing.
1. _____ 2. _____ 3. _____

10. Prescription medications may cause various side effects, hide the severity of health problems and hinder the body's ability to heal. What medications are you currently taking?
_____

11. Auto and work-related injuries can cause serious spinal problems. Is this visit related to an accident or injury?
☐ YES ☐ NO Date of Incident _____

12. Spinal health is especially important during pregnancy. Is there any chance that you are pregnant?
☐ YES ☐ NO

13. Have you ever been diagnosed with cancer? Type _____ Year _____

14. If the doctor feels that chiropractic will help you, are you willing to follow his/her recommendation?
☐ YES ☐ NO

15. Would you like to receive our weekly health and wellness newsletter via e-mail?
☐ YES ☐ NO

The above information is true and accurate to the best of my knowledge.

Patient Signature _____ Date _____

ENTRANCE RECORD

When a person seeks chiropractic care and a chiropractor accepts a patient for such care, it is essential that they both are seeking and working toward the same goals.

Chiropractic has one goal. It is therefore important that you understand the goal and our means to attain it. In this way there will be NO confusion, misunderstanding, or disappointment.

1. YOU must realize that chiropractic is NOT a substitute for medical treatment of any kind, in any way, for any reason. Also NO statement of the Chiropractor is intended as a medical diagnosis and should not be confused as such. Patients usually want to get rid of whatever ailments, symptoms or conditions are bothering them. This however, is NOT the goal of the Chiropractor. Chiropractic is not intended to be a treatment of the symptoms of a medical condition or to treat the cause or causes of a medical condition.

2. The purpose of chiropractic is to restore and maintain the integrity of the spinal cord and its nerve roots. These vital nerve pathways are housed and protected by the bones of the spine. Tiny misalignments of the vertebrae and bones of the spine, which interfere with the function of these nerve pathways, are called subluxations. Subluxations come from many causes and prevent various organs, glands and tissues from functioning properly.

3. By means of a chiropractic adjustment, subluxations are corrected (reduced), thus, the normal nerve function restores itself. The goal of chiropractic is to adjust vertebral subluxations for the purpose of allowing the proper transmission over nerve pathways so that every part of the body may have a proper nerve supply at all times. This allows the innate healing ability of the body to work at maximum efficiency.

4. With proper nerve supply health improves. In some, symptoms clear up quickly. In others, the process is slower, and in some, it is only partial or not at all. Regardless of what the disease is called, the chiropractor does not offer to heal or even treat it, nor does he offer advice regarding the treatment of disease. His only goal is to allow the body to do its job. His only means is the correction of vertebral subluxation. He promises no cure from and offers no treatment of disease.

The information we receive from you is important. We ask only that which is necessary to Ocean Chiropractic Center. For this reason, please fill out this form completely and to the best of your ability. If you have any questions or there is any information you feel we should know, please mention it to the doctor.

I _____, have read the above, understand it full, and undertake chiropractic care on this basis.

_____ _____

Signature Date

If patient is a minor:

_____

Print child's name

NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW HEALTHY INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/04/03 and will remain in effect until we replace it.
We reserve the right to change our privacy practices and the terms of this notice at any time. Provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of this notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment and healthcare operations. For example:
Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
Payment: We may use or disclose your health information to obtain payment for services we provided you.
Healthcare operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessments and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance conducting training programs, accreditation, and certification, licensing or credentialing activities.
Your Authorization: In addition to our use of your health information for treatment, payment of healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use and disclose your health information for any reason, except those described in this notice.
To Your Family and Friends: We must disclose your health information to you, as described in the patients' rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help you with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.
Required By Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.
National Security: We may disclose to military authorities the health information of armed forces personnel under certain circumstances. We may disclose to authorize federal officials health information to correctional institutions or law enforcement official having lawful intelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.
Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail, messages, postcards, or letters).

Patient Rights:

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contract information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copes and staff time. You may also request access by sending us a letter to the address at the end of the Notice.

Disclosure Accounting: You have the right to receive a list of instances in which we use our business associated disclosed your health information for purposes, other than treatment, payment, healthcare operation and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by out agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health by alternative means or location or to alternative locations (You must make your request in writing.) Your request must specify the alternate means or location your request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended). We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice on our web-site or by electronic mail (e-mail), you are entitled to receive this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or alternative locations, you may complain to us using the contact information listed at the end of this notice. You may also summit a written complaint to the U.S. Department of Health and Human Services. We will mail you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Lazara Sanchez
Address: 20772 West Dixie Hwy
Aventura, FL 33180

Email: OCEANCHIROCTR@GMAIL.COM
Telephone: 305-932-3773

X_____
Patient Signature

X_____
Printed Name