lavin family CHIROPRACTIC

natural health starts here

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Patient Identification

Date: ____

Name: ____

Address: ____

____
(City) (State) (Zip)

Date of Birth: ___________ **Age:** _______ **Sex:** M F

SSN: ____

☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Race: ☐ White ☐ American Indian ☐ Black
☐ African American ☐ Asian ☐ Other____________

Ethnicity: ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Language: ☐ English ☐ Spanish ☐ Other____________

Occupation: ______________________________________

Employer: ____

Employer Address: _________________________________

Employer Phone:

Spouse's Name: ___________________________________

Spouse's Birthdate: _______________________________

Spouse's Occupation: ______________________________

Spouse's Employer:

Whom may we thank for referring you?

Contact Information

Home Phone: ______________________________

Cell Phone: ______________________________

E-mail Address*: **(Requirement for electronic records)**

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❑ I would **ALSO** like to receive wellness information from Lavin Family Chiropractic!

EMERGENCY CONTACT:

Name: ______________________________

Relationship: ______________________________

Phone: ______________________________

Payment

☐ Cash ☐ Insurance

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage and assign directly to Drs. Lavin and/or Shourds all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

____
Responsible Party Signature Date

____
Relationship

*** Accident Information ***

Is condition due to an accident? ☐ Yes ☐ No If yes, was it ☐ Work ☐ Auto ☐ Other

Date accident occurred: ____

The primary treatment used by doctors of chiropractic is the spinal adjustment.

The Nature of the Chiropractic Adjustment

I will use my hands upon your body in such a way as to move your joints. That may cause and audible "pop" or "click" much as you have experienced when you crack your knuckles. You may feel or sense movement.

The Material Risks in a Chiropractic Adjustment

As with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. Those complications include: fracture, disc injuries, dislocations, Horner's Syndrome, cervical myelopathy and costovertebral strains. Some types of manipulations of the neck lead to or contribute to serious complications including stroke. Some patients will feel some stiffness and soreness following the first days of treatment.

The Probability of Those Risks Occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone for which we check for during the taking of your history and during examinations and x-ray. Concerning the risk for stroke, one prominent authority says that there is at most a one in a million chance of such an outcome. Since even that risk should avoided, if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as rare.

Other Treatment Options

1. Self-administered, over the counter analgesics and rest.
2. Medical care with prescription drugs such as anti-inflammatory muscle relaxants and pain killers.
3. Hospitalization and traction.
4. Surgery.

The Risks and Dangers Attendant to Remaining Untreated

Remaining untreated allows the formation of adhesions and reduces mobility which sets up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

Notice of Privacy Practices—Use and Disclosure of Protected Health Information (PHI)

Your Protected Health Information will be used by Lavin Family Chiropractic Center, P.A. or may be disclosed to others for the purposes of treatment, obtaining payment or supporting the day-to-day health care operations of this office.

You should review the Notice of Privacy Practices for a more complete description of how your PHI may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office. You may review the Notice prior to signing this consent. You may request a copy of the Notice at the Front Desk.

You may request a restriction on the use or disclosure of your PHI. This office may or may not agree to restrict the use or disclosure of your PHI. If we agree to your request, the restriction will be binding to this office.

You may revoke this consent to the use and disclosure of your PHI. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Your email address will be used solely for the purpose of secure, direct messaging, which includes giving you access to pertinent medical information, via the WriteTouch Health Patient Portal. If you so choose, you can receive newsletters via email as well, but you may opt out at any time.

- **I have read the above explanation of the chiropractic adjustment and related treatment. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment.**
- **By my signature below I give my permission to use and disclose my health information.**

_______________________________________ _______________________

Signature Date

_______________________________________ _______________________

Signature of Parent (if patient is a minor) Date