Foothills Chiropractic Health Center
Patient Intake Form

Patient Information contained within this form is considered strictly confidential. Your responses are important to help us better understand the health issues you face and ensure the delivery of the best possible treatment.

Name:_____. Date:_____.
Date of Birth:_____.
Street Address:_____City_____State:_____Zip code_____.
Phone #: Home:_____. Work:_____. Cell:_____.
E-mail address:_____. Employer:_____. Occupation:_____.
How did you hear about us at Foothills Chiropractic?_____.

General History

Mark (c) for current problems, check the box and indicate the age when you had any of the following:

□ Allergies	□ Dizziness	□ Fainting	□ Fatigue
□ Fever	□ Headaches	□ Loss of sleep	□ Tremors
□ Weight loss/gain	□ Arthritis/rheumatism	□ Bursitis	□ Foot trouble
□ Muscle weakness	□ Low back pain	□ Neck Pain	□ Mid-back pain
□ Joint pain	□ Colds	□ Earache	□ Ringing of the ears
□ Pain over stomach	□ Trouble controlling urine	□ Urgency to urinate	□ Swelling of ankles
□ Chest pain	□ Difficulty breathing	□ Multiple sclerosis	□ Pacemaker
□ Rheumatic fever			

Please list any medication you are currently taking and why (Females, please include birth control):

_____.
_____.
_____.

Chief Complaint

- Where do you hurt?_____.

_____.
_____.

- Do you have any numbness, tingling or weakness in your arms or legs? If so, please specify._____.

_____.
_____.

- When did your current symptoms appear?_____.
- Was there an event that caused or is related to your pain/symptoms?_____.

_____.

- How often do you have symptoms, are they constant throughout the day or intermittent?_____

_____.

- Have you had this in the past?_____.
- Please describe your pain (sharp, dull, shooting, etc.)._____.

_____.

- Please rate your pain 0-10 (0-best,10-worst)._____.
- Please check the box that best describes whether your pain or symptoms are affecting your daily activities.

Activity	Normal	Somewhat limited	Severely limited
Lifting	□	□	□
Bending	□	□	□
Standing	□	□	□
Walking	□	□	□
Sitting	□	□	□
Climbing stairs	□	□	□
Running	□	□	□
Resting in bed	□	□	□

(please continue on other side)

Activity	Normal	Somewhat limited	Severely limited
Computer work/typing	□	□	□
Household activities	□	□	□
Recreational activities	□	□	□
Other (list below)	□	□	□

_____.

- Is there a position or anything you do that makes symptoms better?

_____.
_____.

- Is there a position or anything you do that makes symptoms worse?

_____.
_____.

- Are there any other symptoms?_____.

_____.

- Have you ever been x-rayed/imaging, why, where?_____.

_____.

- Have you had any serious illnesses?_____.

_____.

- Have you had previous Chiropractic Care?_____.
- Describe your typical diet._____.

_____.

- How many hours of sleep per night do you get?_____.
- What is your level of stress (none, mild, moderate, severe, etc.)?_____.
- Have you ever had any joint replacements, a pacemaker, or any other surgical procedures?_____

_____

- Have you ever been diagnosed with osteoporosis or osteopenia? _____

Past Health History

Have you…	Yes	No	If yes, briefly explain
… been hospitalized in the last 5 years?	☐	☐	_____.
… had any broken bones?	☐	☐	_____.
... had any strains or sprains?	☐	☐	_____.
… ever used orthotics?	☐	☐	_____.
Do you take any vitamins, minerals, or herbs?	☐	☐	_____.

_____.

How is most of your day spent? ☐ standing ☐ sitting ☐ other:_____.
How old is your mattress?_____.
When was your last physical exam?_____.

Habits	none	light	mod.	heavy
Alcohol	☐	☐	☐	☐
Coffee	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐
Drugs	☐	☐	☐	☐
Exercise	☐	☐	☐	☐
Sleep	☐	☐	☐	☐
Soft drinks	☐	☐	☐	☐
Salty foods	☐	☐	☐	☐
Water	☐	☐	☐	☐
Sugar	☐	☐	☐	☐

Family history: if any blood relative has had any of the following conditions, please check and indicate which relative(s).

☐ Arthritis_____.
☐ Cancer_____.
☐ Diabetes_____.
☐ Osteoporosis_____.
☐ Stroke_____.
☐ Thyroid disease_____.

Do you have any other health issues or concerns that our staff should be aware of?_____.

Patient Signature:_____. Date:_____.

Foothills Chiropractic Health Center
Informed Consent of Care

You are the decision maker for your health care. Part of our role as care providers is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives and the potential effect on your health if you chose not to receive care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed, but may be uncomfortable.

Chiropractic care centrally involves what is know as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reduced swelling and inflammation in a joint, reducing pain in the joint, improving neurological function and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scaring from electrical stimulation, bleeding from acupuncture needles, fractures (broken bones) disc injuries, strokes, dislocation, strains and sprains.

With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery which may cause the development of a thrombus (clot) with the potential to lead to a stroke The best available scientific evidence supports the understanding that a chiropractic adjustment does NOT cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissection have been associated with over 72 everyday activities such as sneezing, driving and playing tennis. Arterial dissections occur in 3-4 out 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headaches. Unfortunately, a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and a stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustment. For comparison the incidence of hospital admission attributed to aspirin use for major GI events of the entire (upper and lower) GI tract was 1,219 events per one million persons each year with a risk of death being estimated at 104 per on million users.

It is also important to that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include but are not limited to: self-administered care, over the counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, braces, injection and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about this consent, and by signing below I agree not to hold Foothills Chiropractic Health Center Liable if a complication arises/occurs due to a treatment. I agree with current or future recommendation to receive chiropractic care as deemed appropriate for my circumstance. I intend this consent to cover the entire course of care, for all providers in this office for my present condition and for future condition(s) for which I seek chiropractic care for at this office.

Patient Name (print):_____. Date:_____.

Patient Signature:_____. Date:_____.

Foothills Chiropractic Payment Options: (Choose option 1 OR 2 – Initial and sign)

_____ **OPTION 1: Direct Payment Plan**. (All Prices are subject to change without notice)

Pay cash, check or credit card at the time or before the time of your visit. Your insurance will not be billed, business is strictly between you and Foothills Chiropractic Health Center LLC (FCHC, LLC). You will receive reduced rates because of the reduction of overhead expenses.

Self-Pay Patients: Health Insurance Waiver.
By signing below I acknowledge my decision to be a self-pay patient at Foothills Chiropractic. I am wavering the use of my health insurance benefits, either because chiropractic services are not covered by my insurance or for personal preference. I understand that Foothills Chiropractic will not be responsible for any insurance claim submissions on my behalf.
If I decide to use my health insurance in the future, I agree that **claim submissions will not be back dated** and will begin on the date that I decide to begin using my health insurance for chiropractic treatments.

Patient Name (print):_____. Date:_____.

Patient Signature:_____. Date:_____.

OR

_____ **OPTION 2: Insurance Payment Plan.**
FCHC, LLC handles all billing, reports and correspondence with your insurance company directly. Your insurance company will pay us their portion of the billed amount and you will be responsible for your deductible co-payments and co-insurance.

Foothills Chiropractic Health Center LLC, verifies your coverage before accepting the responsibility of billing your insurance company and reserves the right (as a business decision) not to accept certain companies. At the time of verification, if your company is accepted, they will dictate your deductible and percentage of payments so that proper charges to the patient can be determined. **However, the insurance company payments do not always reflect the amount dictated during the verification process of your coverage.** If this occurs, Colorado Insurance Regulations require FCHC, LLC to bill the patient for the remaining amount. It is the intention of FCHC, LLC to verify the proper coverage before accepting assignment of your case with your insurance company.

AUTHORIZATION TO RELEASE INFORATION TO YOUR INSURANCE COMPANY
By signing below I acknowledge my decision to authorize Foothills Chiropractic Health Center to release information to insurance companies for the purpose of submitting claims for treatment by the providers in the practice. Only information required to adjudicate claims will be released. This may or may not include my medical record chart. This authorization includes any insurance information that I may have given Foothills Chiropractic Health Center. My signature below acknowledges and grants my permission for my insurance company to send reimbursement to Foothills Chiropractic Health Center.

Patient Name (print):_____. Date:_____.

Patient Signature:_____. Date:_____.

Foothills Chiropractic Health Center
Patient Gowning Policy

For certain conditions, it may be necessary to observe the part of your body that you are complaining about as well as surrounding areas. Certain conditions may have a skin rash tissue bruising and/or discoloration or a cutaneous or subcutaneous tumor or cancer. If these are missed for failure to observe the complaint area, this could lead to misdiagnosis and unnecessary harm to our health.

Certain treatment procedures at Foothills Chiropractic may also require access to certain parts of your body. These procedures are not limited to, but may include acupuncture, dry needling, ultrasound, electrical simulation, massage, rolfing, etc.

Therefore, we may request that you wear a patient gown for various conditions where an area of complaint may not be clearly visible without inspection, or the treatment area is not accessible without a gown. You need only remove your street cloths. Undergarments may remain in place. For lower back and lower extremity pain, we ask that you remove your pants/skirt to access the area of complaint. For subsequent treatments, you may be asked to use a gown and bring loose fitting clothes or shorts with you. **Most of the time at Foothills Chiropractic will be treating you in your street clothes and gowning will not be required.** Keep in mind that if you gown or choose to remain in your street cloths, tearing, wrinkling and soiling of clothes from contact/adjustive forces, contact with gels, oils, etc may be unavoidable for certain treatment procedures.

Our office wants you to feel comfortable with your care at all times. We respect issues of patient modesty. Your comfort and dignity are of the utmost importance to us. Please feel free to discuss any of this further with our doctors or staff. By signing this document you

acknowledge that you understand why a gown might be suggested, and you are giving consent to Foothills Chiropractic gowning procedures. **Please remember, you can always choose not to gown at any time for any reason.**

Patient Name (print):_____. Date:_____.

Patient Signature:_____. Date:_____.

Foothills Chiropractic Payment policy

Payment or pre-payment is due at the time of service. This may include directly paying for visits through our direct payment plan(s). If you are using insurance you will be responsible for your co-payment, deductible, etc at the time of service.

Direct Payment plans:

You may choose to pay for your visit or service individually on the date you are seen/treated.

We offer pre-paid visits/packages to all our patients for different services we have including chiropractic adjustments, acupuncture, dry needling, etc. These pre-paid visits help reduce the cost of each visit and may be purchased at any time. These visits never expire, but are non-transferable and non-refundable.

We offer different monthly maintenance/wellness plans. These are our most affordable plans (per visit). These plans have a six month minimum. You will be charged for your visit/service on the 1st business day of the month. It is your responsibility as a patient to use the visit(s)/service(s) within the calendar month. These visits/services do not "roll over" to the next month and are non-refundable. If you choose a monthly plan that is month to month, you will be charged every month until you notify our office to terminate this plan (non-refundable).

Patient Name (print):_____. Date:_____.

Patient Signature:_____. Date:_____.

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclosed protected health information. This notice contains a patient's rights selection describing your rights under law. You ascertain that by your signature you have reviewed our notice before signing this consent. The terms of this notice may change, and if so you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of information for treatment, payment and healthcare operations. By signing this form I understand the following:
Protected health information may be disclosed or used for treatment, payment or healthcare operations.
Foothills Chiropractic reserves the right to change the privacy policy as allowed by law.
Foothills Chiropractic has a right to restrict the use of information but does not have to agree to restrictions.
May we discuss your medical condition with any member of your family? YES NO
If YES, Pleas name the family members allowed: _____.
Patient Name (print):
Patient Signature:_____. Date:_____.
Emergency Contact and phone number:_____.

Foothills Chiropractic Health Center LLC. 17700 S Golden Rd Ste 200 Golden CO 80401 Phone: (303) 278-8188 Doctors: Thomas L. Brown D.C. & Carissa L. Brown D.C.
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.
Foothills Chiropractic is committed to maintaining the privacy of your protected heath information ("PHI"), which included information about our health condition and the care and treatment you receive from this practice. The creation of a record detailing the care and services you receive are necessary for quality health care and required by the State of Colorado and Health Insurances. This notice details how our PHI may be used and disclosed to third parties. This notice also details your rights regarding your PHI.

USE AND DISCLOSURE INFORMATION

- Foothills Chiropractic a use and/or disclose your PHI for the purposes of:
- Treatment – In order to provide you with the health care required, Foothills Chiropractic; may provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your health condition and needs. For example, you may see Dr. Thom or Dr. Cari or see massage therapist at Foothills Chiropractic who may need to know your health history.
- Payment – In order to get paid for services that are provided to you, Foothills Chiropractic will provide our PHI, directly or through third party or billing service, to the appropriate third party payers, pursuant to their billing and payment requirements. For example, Foothills Chiropractic may need to provide Insurance Companies such as Anthem Blue Cross Blue Shield with information about health care serviced that you have received from this practice so that Foothills Chiropractic can be properly reimbursed. Foothills Chiropractic may also need to tell our insurance plan about treatment you are going to receive so that it can be determined whether or not these services will be reimbursed.
- Foothills Chiropractic may also use and/or disclose our PHI in the following instances:
- De-identified Information – Information that does not identify you and, even without your name, cannot be used to identify you.
- Business Associate – To a business associate if Foothills Chiropractic obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard our PHI. A business associate is an entity that assists Foothills Chiropractic in undertaking some essential function such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.
- Personal Representative – To a person who under applicable law, has the authority to represent you in making decisions related to your health care.
- Emergency Situations –
- For the purpose of obtaining or rendering emergency treatment to you provided that Foothills Chiropractic attempts to obtain your acknowledgement of our Privacy Notice as soon as possible; or
- To a public or private entity authorized by law or by its character to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.
- Communication Barriers – If, due to substantial communication barriers or the inability to communicate, Foothills Chiropractic has been unable to obtain your acknowledgement of our Privacy Notice and the Practice determines, in the exercise of its professional judgement, that your consent to receive treatment inferred from the circumstances.

Authorization
Use and/or disclosure, other than those described above, will be made only with our written authorization.

Your Rights

- You have the right to:
- Revoke an Authorization in writing, at any time. To request a revocation, ou must submit a written request to Foothills Chiropractic' Officer.
- Request restrictions on certain use and/or disclosure of your PHI as provided by law. However Foothills Chiropractic is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Foothills Chiropractic's Officer. In your written request, you must inform Foothills Chiropractic of what information you want to limit, whether you want to limit the Practice's use or disclosure or both, and to whom you want the limits to apply. If Foothills Chiropractic agrees to your request, the practice will comply with our request unless the information is needed in order to provide you with emergency treatment.
- Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to Foothills Chiropractic's Officer. Foothills Chiropractic will accommodate all reasonable requests.
- Inspect and copy your PHI as provided by law. To inspect and copy your PHI, ou must submit a written request to Foothills Chiropractic's Officer. Foothills Chiropractic can charge a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, Foothills Chiropractic may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.
- Amend our PHI as provided by law. To request an amendment, you must submit a written request to Foothills Chiropractic's Officer. You must provide a reason that supports our request. Foothills Chiropractic may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Foothills Chiropractic (unless the individual or entity that created the information is no longer available) if the information is not part of your PHI maintained by Foothills Chiropractic, if the information is not part the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with Foothills Chiropractic's denial, you have the right to submit a written statement of disagreement.
- Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to Foothills Chiropractic's Officer. The request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as paper (Foothills Chiropractic cannot guarantee electronic copies)). The first list you request within a twelve (12) month period will be free, but Foothills Chiropractic may charge you for the costs of providing additional lists. Foothills Chiropractic will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- Receive a paper copy of this Privacy Notice from Foothills Chiropractic upon request to the Officer.
- Complain to Foothills Chiropractic if you believe your privacy rights have been violated. To file a complaint with Foothills Chiropractic, please contact Foothills Chiropractic's Officer. All complaints must be in writing.
- To obtain more information, or to have your questions about rights answered, you may contact Foothills Chiropractic's Officer.

Foothills Chiropractic/Practice Requirements

- Foothills Chiropractic
- Is required by federal law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to our PHI.
- Is required by State law to maintain a higher level of confidentiality with respect to certain portions of our medical information that is provided for under federal law. In particular, Foothills Chiropractic is required to comply with the State Statutes.
- Is required to abide by the terms of this Privacy Notice.
- Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
- Will distribute any revised Privacy Notice to you prior to implementation

- Will not retaliate against you for filing a complaint.

- Abuse, Neglect or Domestic Violence – To a government authority if Foothills Chiropractic is required by law to make such disclosure. If the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm.

- Health Oversight Activities – Such activities which must be required by law, involve government agencies and may include, for example, criminal investigations, disciplinary actions, or general oversight activities relating to the community's health care system.

- Law Enforcement Purposes – In certain instances, your PHI may have to be disclosed to a law enforcement official. For example, your PHI may be the subject of a grand jury subpoena. Or Foothills Chiropractic may disclose our PHI if the practice believes that your death was a result of criminal conduct.

- Coroner or Medical Examiner – Foothills Chiropractic may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

- Organ, Eye or tissue Donation – If you are an organ donor, Foothills Chiropractic may disclose your PHI to the entity to whom you have agreed to donate your organs.

- Research – If Foothills Chiropractic is involved in research activities, our PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of our PHI.

- Avert a Threat to Health or Safety – Foothills Chiropractic may disclose our PHI if it believes that such disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

- Specialized Government Functions – This refers to disclosures of PHI that relate primarily to military and veteran activity.

- Worker's Compensation – If you are involved in a Worker's Compensation claim, Foothills Chiropractic may be required to disclose your PHI to an individual or entity that is part of the Worker's Compensation system.

- National Security and Intelligence Activities – Foothills Chiropractic may disclose our PHI in order to provide authorized government officials with necessary intelligence information for national security activities and purposes authorized by law.

- Military and Veterans – If you are a member of the armed forces, Foothills Chiropractic may disclose your PHI as required by the military command authorities.

Appointment Reminders
Foothills Chiropractic may, from time to time, contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. The following appointment reminders are used by the practice: e-mail reminders, text messages or telephone messages on your voicemail and/or postcard mailings.
Director/Sign-In Logs
Foothills Chiropractic reserves the right to maintain a directory and/or sign in log for individuals seeking care and treatment in the office. Directory and sign-in logs may be stored in positions where staff can readily see who is seeking care in the office, as well as individual's location within the Practice's office suite. This information may be seen by, and is accessible to, others who are seeking care or services at Foothills Chiropractic.
Family/Friends
Foothills Chiropractic may disclose to your family member, other relative, friend, partner or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment of your care. Foothills Chiropractic may also use or disclose our PHI to notify or assist in the notification (including identifying or locating) a family member, personal representative or another person responsible for our care, of our location, general condition or death. However in both cases, the following conditions will apply:

- If you are present at or prior to the use or disclosure of your PHI, Foothills Chiropractic ay use or disclose our PHI if you agree, or if Foothills Chiropractic can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.

- If you are not present, Foothills Chiropractic will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and if so, disclose only the PHI that is directly relevant to the person's involvement of your care.