



KHORRAMI
Chiropractic Wellness Center

Date: _____ Referred by: _____

Patient Name: _____ Social Security #: _____

Home #: _____ Cell #: _____ Work #: _____ Email: _____

Driver's License#: _____ Birth Date: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Employer address: _____ City: _____ State: _____ Zip: _____

Marital Status: Married Single Divorced Widowed Number of Children: _____

Spouse's Name: _____ Social Security #: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Have you previously had Chiropractic Care? _____ If yes, when? _____ Did it help? _____

List your chief complaints in order of severity:

1. _____ For how long? _____
2. _____ For how long? _____
3. _____ For how long? _____

Please describe work activities that may be causing your complaint _____

Please explain any other activities outside of work, which may have caused these complaints? _____

If this is due to an injury or accident, when did it happen? _____

Has this problem been getting better, worse, or staying the same? _____

What activities make your condition worse? _____

Have you been involved in an auto accident in the last 12 months? _____ Do you have health insurance? _____

Name of insurance company: _____

Are you covered under additional (group or individual) health policy through yourself or spouse? _____

Name of insurance company of additional coverage: _____

Medications you take now: Aspirin Pain Killers Tranquilizers Insulin Birth Control Pills Other (please list) _____

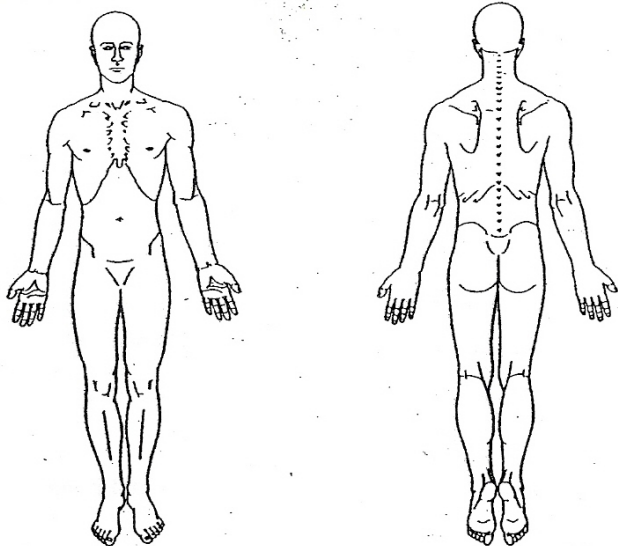
People see Chiropractors for a variety of reasons. Some go for relief of pain, some to correct the cause of pain and others for correction of whatever is malfunctioning in their bodies. Your doctor will weigh your needs and desires when recommending your program of care. **Please check the type of care desired so that we may be guided by your wishes whenever possible.**

- RELIEF CARE:** Symptomatic relief of pain or discomfort
- CORRECTIVE CARE:** Correcting and relieving the cause of the problem as well as the symptoms
- COMPREHENSIVE CARE:** Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic care
- I want the Doctor to select the type of care appropriate for my condition

If you are in pain, **please mark** the exact location of your pain on the diagram below.

R = Radiating B = Burning D = Dull A = Aching N = Numbness S = Sharp/Stabbing T = Tingling

Also describe the type and frequency of your pain, as well as any activity, which brings on or aggravates the pain. For example, describe as dull, sharp, constant, off & on, when standing, when sitting, etc.



Check appropriate squares (p) past or (c) current condition:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Mental, emotional conditions | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Kidney troubles |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Acne | <input type="checkbox"/> Asthma | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> Head colds | <input type="checkbox"/> Eczema | <input type="checkbox"/> Cough | <input type="checkbox"/> Dysentery |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Difficult breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Adenoids | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Ruptures |
| <input type="checkbox"/> Nervous breakdown | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Hernias |
| <input type="checkbox"/> Chronic tiredness | <input type="checkbox"/> Ringing ear | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cramps |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Laryngitis | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Sinus troubles | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bladder troubles |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Congestion | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Excessive sweating | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Influenza | <input type="checkbox"/> Miscarriages |
| <input type="checkbox"/> Ear ache | <input type="checkbox"/> Croup | <input type="checkbox"/> Gall bladder condition | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Poor circulation | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Impotency |
| <input type="checkbox"/> Stomach troubles | <input type="checkbox"/> Swollen ankles | <input type="checkbox"/> Shingles | <input type="checkbox"/> Change of life symptoms |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Cold feet | <input type="checkbox"/> Liver condition | <input type="checkbox"/> Knee pain |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Weakness in legs | <input type="checkbox"/> Fever | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Gastritis | <input type="checkbox"/> Leg cramps | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Difficult urination |
| <input type="checkbox"/> Lowered resistance | <input type="checkbox"/> Hemorrhoids (piles) | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Painful urination |
| <input type="checkbox"/> Diabetes | | | <input type="checkbox"/> Frequent urination |

Informed Consent to Chiropractic and Massage Care

Chiropractic Adjustment: The doctor will use his/her hands or a mechanical device in order to adjust your spinal joint. This procedure is called a spinal adjustment and is intended to reduce spinal subluxation (slight dislocation of the spinal joints). You may feel a “click” or “pop” as well as a movement of the joint. Various ancillary procedures such as support pillows, decompression, laser, ultrasound, shockwave, electrical stimulation or hot/cold packs may also be used.

Risk: As with any health care procedure, complications are possible following a chiropractic adjustment. Fracture of bone, muscular strain, ligament strain, dislocation of joints, injury to intervertebral discs, nerves or spinal cord are all rare occurrences and generally result from some underlying weakness of the bone or surrounding tissues. Usually, there is an underlying, pre-existing vascular condition like atherosclerosis that contributes in a stroke resulting after a neck adjustment. A minority of patients may notice stiffness or soreness after the first few days after treatment. We will not accept individuals for treatment unless we feel confident that we can safely help them.

Massage: The provider will perform soft tissue or muscle work using his/her hands.

Risks: Risks may include muscle weakness, muscle and joint soreness, ligament strain, muscular strain.

Probability of Risks: The risks and complications of chiropractic care, and massage have all been described as “rare”. The risk of cerebrovascular injury or stroke has been estimated at one million to one in twenty million and can be even further reduced by our screening procedures. The probability of adverse reaction due to ancillary procedures is also considered to be “rare”.

Other Treatment options which could be considered may include:

Over the counter analgesics may cause irritation to the stomach, liver and kidneys, and other side effects in 1,000 to 4,000 people per one million, and reportedly 16,500 dies annually from their use.

Medical care typically includes anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.

Hospitalization and bed rest, in conjunction with medical care adds risks of exposure to virulent communicable disease, loss of muscle tone and strength at the rate of 4% per day.

Surgery, in conjunction with medical care adds the risks of infections, adverse reaction to anesthesia, disfiguring scar as well as an extended convalescent period in a significant number of cases. Serious neurological complications from neck surgery are 15,600 per million, mortality rates are 6,900 per million.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycle. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I have had the following risks of my case explained to me. If you/and /or the individual listed below understand the above information, please sign below. This signature authorizes treatment, acknowledges Notice of Privacy Practices and also is authorization to submit to insurances (if applicable). Patient or guardian understands that he/she is responsible for payment of all services.

I have read or have read to me, the explanation of care offered at this facility. I have had the opportunity to have any questions answered. I have fully evaluated the risks and benefits of undergoing treatment and hereby give my full consent to the items mentioned above.

Patient/Guardian print name

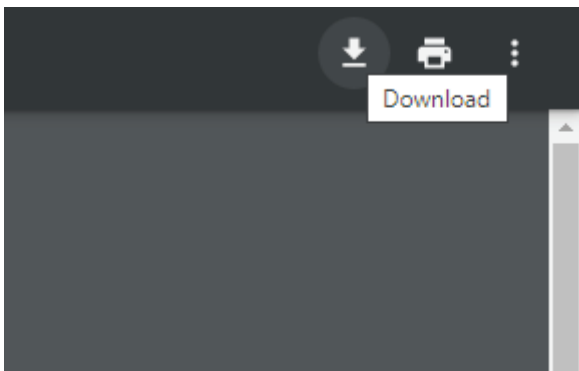
Signature

Date

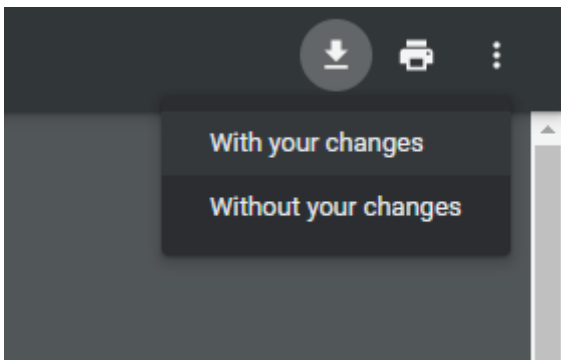
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