


PLEASE TAKE YOUR INSURANCE CARD AND DRIVERS LICENSE TO THE FRONT DESK

<p>Dr Kyle Pepple Dr Kristin Marchman</p>  <p>Vickery Chiropractic</p>	<p>Name: _____ Today's Date: ____/____/____ What do you prefer to be called: _____ Address: _____ City: _____ ST: ____ Zip: _____ S.S.#: ____/____/____ Referred by: _____ Birth date: ____/____/____ M / F Single Married Divorced Separated Widowed Home Phone: _____ Work: _____ Cell: _____ Employer: _____ Occupation: _____ E-Mail: _____ Spouse Name: _____ Birth date: ____/____/____ Emergency Contact: _____ Phone: _____</p>
<p>INSURANCE INFORMATION <small>Doctor only in grey area</small></p>	<p>Do you have health insurance? Yes No If yes, circle carrier: Aetna BCBS Cigna UHC Kaiser Medpay Humana Coventry PHCS Other Name Of Insured: _____ Birth date: ____/____/____ Your relationship to the Insured: Self Spouse Child Other Do you have secondary insurance? Yes No Is your condition related to an Auto Accident or Work Injury? Yes No</p>
<p>REASON FOR YOUR VISIT</p>	<p>Reason for your visit: _____ Have you had this in the past? Yes No Explain: _____ Other doctors' seen for this condition: _____ Response: _____ When did symptoms start: _____ Is it getting worse? Yes No Does it interfere with: Work Sleep Daily Routine Recreation Is it painful to: Sit Walk Bend Lie Down Lift Objects</p>
<p>HEALTH INFORMATION</p>	<p>Name of Primary Care Physician and phone number _____ Have you ever been treated by a Chiropractor before? Yes No For: _____ Please list and give dates of any serious medical conditions or surgeries you have had: _____ Pregnant? Yes No Do you take: Muscle Relaxers Pain Killers OTC Medications Please list your medications: _____ _____</p>
<p>TREATMENT GOALS</p>	<p>What do you expect from your treatment? _____ Type of care you are seeking: <input type="checkbox"/> Pain Relief: Get me out of pain and let me get on with my life. (12 – 15 visits) <input type="checkbox"/> Stabilization: Get me out of pain and teach me how to keep it that way. (15 - 20 visits) <input type="checkbox"/> Wellness: Get me out of pain, teach me to keep it that way and let me come back once per month to maintain my spinal health. <p align="center"><i>Are you interested in learning about Therapeutic Massage? Yes No</i> <i>Are you interested in pharmaceutical grade nutritional supplements? Yes No</i></p> </p>

Vickery Chiropractic, LLC

Informed Consent to Chiropractic Treatment

The nature of chiropractic treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electrical muscle stimulation, therapeutic ultrasound or dry hydrotherapy may also be used.

Possible Risks: As with any health care procedure, complications are possible, following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

Probability of risks occurring: The risks of complications due to chiropractic treatment have been described as "rare". About as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered "rare".

Other treatment options which could be considered may include the following:

- *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.
- *Medical care,* typically 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* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

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 cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Unusual risks: I have had the following unusual risks of my case explained to me.

I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed Name	Signature	Date
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WITNESS:

Printed Name	Signature	Date
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