Informed Consent & What to Expect

(Please read carefully)

On your first visit, Dr. Rodney Handly D.C., will conduct a chiropractic assessment to determine if you have a condition that he expects will respond to chiropractic care. He will take x-rays or refer you for a specialized evaluation if necessary. The assessment & future care will be carefully performed & should not be uncomfortable. If Dr. Handly is willing to accept your case, he will initiate a program of care with your agreement & consent.

Dr. Handly provides a methodical & gentle system of care using the only instrument adjusting technique backed by clinical trials. His care consists of "Adjustments" to reactivate dysfunctional joints & eliminate nervous system interference enabling your body's innate healing mechanisms in facilitating optimal function so your body can re-balance & heal. Multiple office visits are employed over time so Dr. Handly can monitor your progress & make necessary adjustments as your muscles, ligaments & physiology re-balance. As your care progresses, he will introduce specific home practices to complement your in-office care. Chiropractic care is a unique specialized process with each adjustment building on the last, so consistency is important. Once you are stable & holding your adjustments (there is nothing to adjust), Dr. Handly will ask you to consider regular checkup visits to detect & correct small imbalances before they become worse. Like good nutrition, exercise & dental care, regular chiropractic care supports a natural state of Well-Being.

Dr. Handly does not diagnose or treat diseases or symptoms. His goal is facilitating optimal function by focusing on the underlying causes of your condition arresting its progression. He understands you want your symptoms to go away as does he. Keep in mind symptom treatment alone doesn't correct the cause & prolongs the underlying condition. Adjustments are not treating the symptoms. There are treatment options available for symptom relief. Likely, you have tried many of these approaches already. These treatments may include, but not limited to: self-administered care, over-the-counter pain relievers, physical measures & rest, medical care with prescription drugs, massage, bracing, injections & surgery.

It is important you understand, as with all health care approaches, results are not guaranteed & there is no promise to cure.

Lastly, you have the right to a second opinion & to secure other options about your circumstances & health care as you see fit.

I have read the above. I appreciate that it is not possible to consider every possible complication to care.

I intend this consent to cover the entire course of care from Dr. Handly for my present condition & for any future condition(s) for which I seek chiropractic care from Dr. Handly.

Patient: _____ Signature: _____ Date: _____
Parent or Guardian

Initial Intake

Name: **First:** _____ **Last:** _____

Appointment date: _____ Time: _____ Date of Birth: _____

Who referred you, or how did you find us? _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Name of insurance: _____

Member ID # : _____ Group #: _____

Insured's name: _____ Date of birth: _____

Sex: M F Age: _____ Height? ___ ' ___ " Weight? _____ Lbs. Marital Status? S W D M # Children? _____ Ages? _____

What is the issue/s you would like Dr. Handly to help you with? • _____

_____

Have you had similar issues before? □ No Yes □ • _____

How long have you had this issue / episode? • _____

Did a trauma/accident cause this issue? □ No Yes □ • _____

Did it start □ suddenly or come □ gradually? • _____

Does it bother you □ constantly or □ come & go? • _____

On a scale of 1-10 how severe do you feel the intensity of your problem? • None 0 1 2 3 4 5 6 7 8 9 10 Severe

What treatments have you had for this condition? □ None • _____

How does this condition affect your daily living activities? • □ Mildly □ Moderately □ Severely _____

Your intensions with your care in this office? • □ Just Relief □ Relief & Correction □ Maintenance Care □ Come when I feel the need.

Who would we contact in an emergency? • _____ Phone: • _____

When was your last visit to a chiropractor? • _____ For what? _____ Dr.'s name? _____

Who is your primary medical physician? Dr. • _____ When was your last medical exam? • _____

What do you take medication for? • □ None □ Blood Pressure □ Cholesterol □ Blood Thinner □ Heart □ Lungs □ Diabetes □ Bladder □ Inflammation □ Muscle Spasms Other: _____

Have you ever had **surgery** on your: **Neck - Spine - Shoulders - Elbows - Wrist - Hips - Knees - Feet**? □ No Yes □

Have you ever had **injury /trauma** to your: **Neck - Spine - Shoulders - Elbows - Wrist - Hips - Knees - Feet**? □ No Yes □

Do you smoke cigarettes? □ No Yes □ Do you use marijuana? □ No Yes □ **if used in past 36 hours will impede Dr.'s Assessment.**

What is your occupation? • _____

What do you do for recreation (Play; Fun)? • _____

Are you pregnant? □ No Yes □ Do take birth control pills? □ No Yes □ Do you feel overwhelmed or stressed in your life? □ No Yes □

Do you have any issues with your : (circle) eyes vision hearing dizziness allergies heart circulation hormones breathing digestion kidneys bladder headaches numbness seizures blood skin depression anxiety family drama relationship drama

Are you suicidal? □ No Yes □ Are you under current psychiatric treatment? □ No Yes □ Patient Initial: _____