

3655 Plymouth Blvd., Suite100 Plymouth, Minnesota 55446 763-476-4770 Office 763-476-2090 Fax www.naturalchirocenter.com

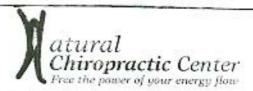
CONFIDENTIAL PATIENT INFORMATION (Adult)

accept your case.		1975 1977 15			
Name: First					
Address:		City:	Sta	ite:	_ Zip:
Home Phone: ()	_Work Phone: (_)	Date of I	Birth:
Occupation:	Еп	iployer:	E-ma	il:	
SSN:	Marital S	atus: M W D S	Spouse's Na	me:	
Children's Name	& Ages:				
					4
thank for referring Research shows th			egularly. Who		
Research shows the examination, incl-	hat your spine s uding x-rays? _	nould be checked to	egularly. Who	en was yo	ur last spinal
Research shows the examination, included ADDRE	hat your spine s uding x-rays? _ SSING THE IS	hould be checked t	egularly. Who	en was yo	ur last spinal E OFFICE
Research shows the examination, included the examination of the examin	hat your spine soluting x-rays?	nould be checked to	OUGHT YO	en was you U TO TH	ur last spinal E OFFICE ur life.
Research shows the examination, included and the problem. ADDRE Since the problem What makes it we Yes, it interferes	hat your spine soluding x-rays?	SSUES THAT BR laint, including the	OUGHT YO e effect it has better	en was you U TO TH	ur last spinal E OFFICE ar life. ng worse

Have you seen	another doctor for this condition	on? Y / N. If so, who	1 9			
Chiropractor(s)): or N	Medical Destar(s):).t			
Has anyone in	your family experienced simila	r probleme? V (XI I	Contract			
Do you suffer t	rom any condition other than the	not for which	t so, who?			
Please explain:	y samon office than to	iat for which you are	consulting us? Yes / No			
	BODY	SIGNALS				
Please circle A	L.L symptoms (body signals) ye		en if they do not associate			
to your current	problem.	o, o, ma, ov	on it they do not seem related			
Headaches	Pins and needles in legs	Fainting Back pain Fatigue	Neck pain Loss of balance Nervousness			
Lass of smell	Pins and needles in arms					
Dizziness	Buzzing in the ears					
Depression Numbness in fingers Irritability Numbness in toes Diarrhea Ringing in the ears		Loss of taste Tension Cold hands	Upset stomach Sleeping problems Cold feet Hot flashes Ulcers			
				Constipation	Hearrburn Menstrual irregularity Cold sweats Problem Urinating	
				Heartburn		
Cold sweats						
Stress can cause	or accelerate spinal damage. 1	Mood swings Rate your stress level		over the past 90 days		
Low/1 2	3 4 5 6 7	8 9 10				
Poor posture lea	ds to poor health and often indi		/High			
How would you	rate your posture? Poor - 1	2 2 4 5 6 5	ion.			
Prescription made	liantiana managaran Pool = 1	2 3 4 5 6 7 8	9 10 - Excellent			
- to the total med	lications may cause various sid-	e effects, hide the se	verity of health conditions.			
maror hinder the	body's ability to heal. What n	nedications are you	currently taking?			
	Insurance	Information				
f you are insured a	nd wish for us to assist you in submi	tting your claims -1				
card and Socia	l Security Number so that we may n	take a copy and work	e provide us with your insurance			
atient's Signatu	re:	a copy and verify y				
20 10		-	Date:			

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HIPAA Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry our treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information, "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases; Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funcial Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164,500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.