



Welcome to ProWellness Chiropractic

Please Print Clearly and Fill In Completely

Personal Information

Name _____ Age _____ Birthdate _____ SS# _____

Address _____ City _____ State _____ ZIP _____

Cell _____ Work _____ Home _____

E-mail _____

Occupation _____ Employer _____ Work Duties _____

Spouses Name _____ Children Names/Ages _____

Please Male Female Right Handed Left Handed Married Single Divorced Widowed

Who May We Thank For Referring You To Our Office?

Health History

Reason for seeking chiropractic care: _____

Describe any health problems, including how long you've had them: _____

Are you under the care of any other doctor? Yes No

If Yes, the conditions being treated for: _____

List any current Medications: _____

List any past surgeries & dates: _____

List any past accidents & dates: _____

List any x-rays you've had in the past 2 years: _____

Spouse's health status: _____

Children's health status: _____

Below, please fill in any other health information you feel we might need for your care: _____

Chiropractic History

Have you ever been to a Chiropractor before? Yes No If yes, Doctor's Name _____

Date of last chiropractic visit: _____ How long were you under care? _____

Reason for care: _____

Are other family members under chiropractic care? Yes No Who? _____

Females

Please Check One. Is there a possibility of you being pregnant? Yes No Due Date: _____

Are there any injured areas or conditions, such as bruises, cuts, sores, abnormal blood pressure, blood clots or cancer that may be aggravated by massage? [No] [Yes] – What?_

Do you like aromatherapy (i.e. scented oils)? [No] [Yes]

Do you have any allergies to fragrances of flowers? [No] [Yes]

What?_____

In undertaking a massage at ProWellness, I (print name)_____

Agree that: The purpose of the massage is to provide stress relief, pain control and relax.

The therapist will not treat, prescribe or diagnose an illness, disease or any other physical or mental disorder. Nothing said in the course of a massage session should be misconstrued to be such. I understand that a massage involves having my body touched. I hereby authorize the therapist to perform massage. I understand that any relief of physical or emotional symptoms is the product of processes, which reside within me. The power to heal comes from within. I understand that I am responsible for my emotions, feelings, body and belongings and the therapist is responsible only for giving a massage. Control of the session is always mine and I can stop it at any time. In the spirit of this understanding, I agree to hold ProWellness and its employees blameless from any problem which may arise as a result of my massage.

I have read, understand, and agree to the above.

Signature:_____

Date:_____

Parent/Guardian Signature:_____

Date:_____

Authorization For Use of Health Care Information

Your personal health information, including your clinical records and billing information, may be disclosed to another health care provider, insurance carrier for further diagnosis, assessment, or for payment of services.

(More information on how, when and why we will use your health care information can be found on the HIPAA patient consent form in this packet.)

Social Media Photo/Video Release:

We use social media to spread the word about chiropractic care and market to potential new patients. We ask your permission to use, re-use, publish and republish photographic portraits or pictures, videos or any other social media content with you in it. You are authorizing that all media or reproduction hereof in color or otherwise may be used to promote or advertise ProWellness or any of its employees.

Because of our Federal Tax ID and business registration your Explanation of Benefits may show visits from our office as services being performed by Freedom Chiropractic doing business as Prowellness Chiropractic.

Patient Authorization for Referral Thank You Cards and Testimonials:

If you respond favorably to chiropractic care, you may be asked to fill out a "patient testimonial," you may decline if you wish. This will help others to read the success of chiropractic. If you choose not to authorize this information your decision will not have an adverse effect on your care from our office or on your relationship with our staff.

I authorize my healthcare provider and/or any entity authorized by my healthcare provider, including those using automated dialing systems, automated messages, email, text messaging and/or other electronic communication to contact me for any reason by using any telephone number, email address and/or mailing address associated with my account.

Open Adjusting Environment:

Our office is an open adjusting environment. Your examinations, X-rays and report of findings are performed in the privacy of a closed room. Conversations between you, your doctor and our staff during normal treatments may be overheard by others in the building. Our goal is to maintain as much privacy as possible. If you are uncomfortable discussing your case, you may request a private consultation for your next visit.

Cancellation Policy for Chiropractic:

- Please arrive on time to your scheduled appointment in order to ensure a complete treatment/session.
- If you arrive late to your appointment we will do our best to fit you into the schedule. Please understand that you may have an extended wait until there is an opening in our schedule.
- You may cancel/reschedule your appointment without charge anytime before the time of your appointment.
- If you do not call to cancel/ reschedule your appointment, you will be considered a no-show, and will be charged our cash rate of \$49.00 for that scheduled service, no matter your original rate.
- **No-show charges are not covered by your insurance.**
- **All charges must be paid in full by your next appointment.**

Cancellation Policy for Massage and Acupuncture:

- You may cancel your appointment without charge anytime before the close of business on the business day preceding your appointment.
- Same day cancellations will be charged 50% of the scheduled service price.
- If you do not call to cancel your appointment or do not show up for your scheduled appointment, you will be considered a no-show and will be charged the full price for the scheduled service.
- If you are sick or not feeling well please notify us as soon as possible so we can reschedule your massage. Chiropractic adjustments can be beneficial to your immune system but we prefer to not risk the health of our massage therapist. If you arrive to your scheduled massage and are unwell you may be asked to reschedule for a later date. We thank you for your understanding in this matter.

Your signature indicates you have read, understand and authorize the above activities.

Printed Name

Signature

Date

If you are under the age of 18 you must be represented by a parent or guardian.

Printed name of Parent or guardian

Signature

Date

*This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable time for the change in our system to be complete.

