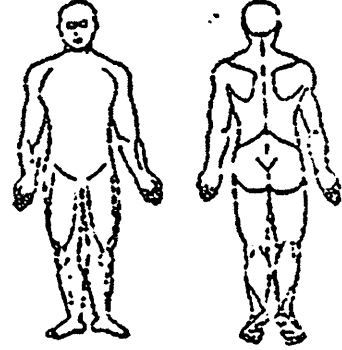


Mars Hill Chiropractic Center

Patient: _____ D.O.B. _____ Date: _____

1. Name your **PRIMARY** complaint and indicate on diagram where your pain is: _____
2. Pain is: **Sharp Dull Burning Throb Stabbing numb Ach Other**
3. When did your symptoms start? _____
4. How did your symptoms start? _____
5. average pain intensity:
in the last 24 hours: no pain 1 2 3 4 5 6 7 8 9 10 worst pain
in the past week: no pain 1 2 3 4 5 6 7 8 9 10 worst pain
6. How often do you experience your symptoms? (circle below)



Constantly (75-100% of the time) Frequently (50-75% of the time)
Occasionally (25-50% of the time) Intermittently (0-25% of the time)

7. How are your symptoms changing? (circle below)
Getting better Not changing Getting worse
8. What makes your symptoms worse? _____
9. What makes your symptoms better? _____
10. Have you had this problem examined by anyone else? _____
11. What have you done to treat this problem? _____

Additional complaints: _____

List current medications, including dosage: If there are no current medications, check here: **O**

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

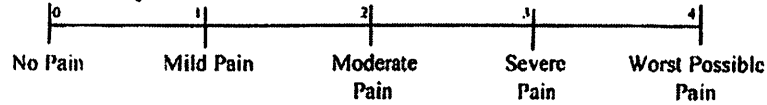
List all the surgical procedures you have and any times you have been hospitalized: _____

Mars Hill Chiropractic Center

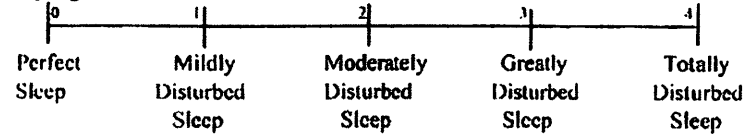
Functional Rating Index

For each item below, please circle the number which most closely describes your condition right now.

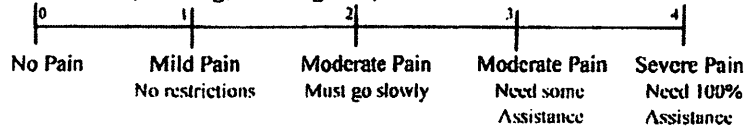
1. Pain Intensity



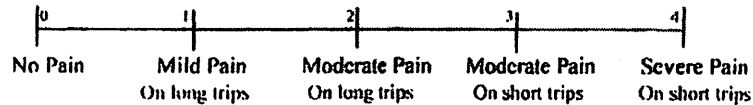
2. Sleeping



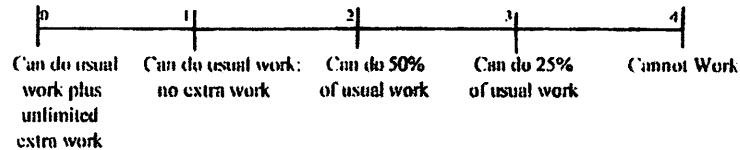
3. Personal Care (washing, dressing, etc.)



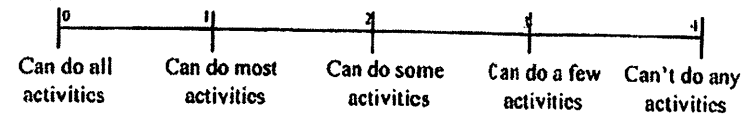
4. Travel



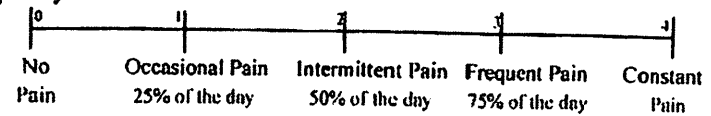
5. Work



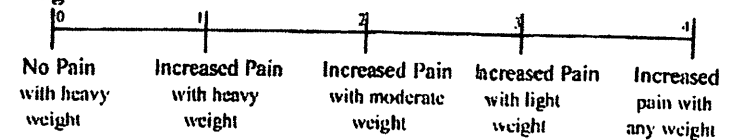
6. Recreation



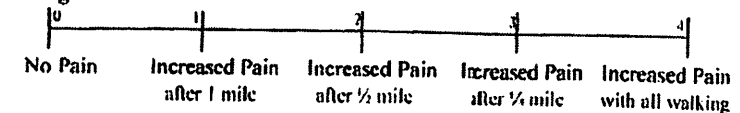
7. Frequency of Pain



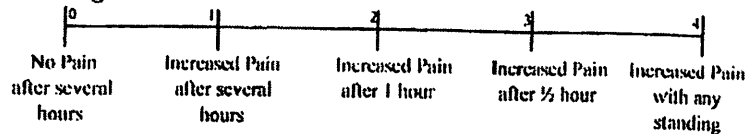
8. Lifting



9. Walking



10. Standing



Patient Name: _____

Signature: _____

Date: _____

Informed Consent to Chiropractic Care

We provide adjustments, or manual manipulations, through the gentle application of a targeted movement where and when indicated by a licensed Doctor of Chiropractic to improve motion of the body's spinal column and extremities.

Chiropractic treatment, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years and has been demonstrated to be an effective treatment for many neck and back conditions involving pain, numbness, muscle spasms, loss of mobility, headaches, and other similar symptoms. Routine chiropractic treatment can result in better function, improved joint motion, and a healthier, more active lifestyle.

However, there are some risks associated with chiropractic adjustments, including, but not limited to the possibility of sprains, dislocations, and fractures. In addition:

- While rare, some patients may experience short term aggravation of symptoms, rib fractures, or muscle and ligament strains or sprains as a results of manual therapy techniques.
- There are reported cases of stroke associated with neck movements including adjustments of the upper cervical spine. Current medical and scientific evidence does not establish a definite cause and effect relationship between upper cervical spine adjustments and the occurrence of stroke.
 - The apparent association is noted very infrequently, however, you are being warned of this possible association because a stroke may cause serious neurological impairment and result in injuries including paralysis.
- There are reported cases of disc injury following a cervical and lumbar spinal adjustments or chiropractic treatment.

The risk of injuries or complications from chiropractic treatments are substantially lower than that associated with many medical or other treatments, medications, and surgical procedures given for the same treatments.

Common alternatives to adjustments and manipulations include medications, physical therapy, or medical treatments and surgery provided by physicians and surgeons.

Dry needling is a technique that utilizes thin, solid filament needles. This needling technique is used specially to treat myofascial trigger points, muscle spasms, or dysfunctional tissue. Like any medical procedure, there are possible complications. While these complications are uncommon, they do sometimes occur. They include pain, infection, bruising or bleeding, drowsiness, fatigue and autonomic responses, and pneumothorax.

By signing this informed consent, I acknowledge that I have discussed, or have had the opportunity to discuss, with my Doctor of Chiropractic the nature and purpose of chiropractic treatment in general and my treatment in particular (including spinal adjustments), the benefits, risks, and alternatives to chiropractic treatment.

I consent to the chiropractic treatments offered or recommended to me by my Doctor of Chiropractic, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care received from Mars Hill Chiropractic Center.

Patient Printed Name: _____

Patient Signature: _____

Legal Guardian Signature: _____

Witness Signature: _____

Date: _____

CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Our Privacy Policy

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which Mars Hill Chiropractic Center may have to see or use your health care information. We may have to disclose your health information:

- To another health care provider for referral to them for treatment or diagnosis
- To an insurance company or another party if they are responsible for payment of your services for treatment
- Amongst the staff within our practice for quality control or administrative purposes

Your right to limit uses or disclosures

I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that Mars Hill Chiropractic Center will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restriction.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Mars Hill Chiropractic Center's Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice at any time.

Patient Name: _____

Signature: _____

Date: _____

Patient Name:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the services below.

Services	Reason Medicare May Not Pay:	Estimated Cost
Spinal Manipulation	Medicare may construe your spinal manipulation to be maintenance which is not a medically necessary service.	\$40 for Maintenance Manipulation
Examination	This is not a covered service under Medicare.	New patient exam: \$85 Re-Exam: \$50
Therapy	This is not a covered service under Medicare.	\$15
Vitamins, Supplements, Pillows, Ice Packs, Ointments, Braces, Supports	This is not a covered service under Medicare.	Prices as marked on product

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

Signature:	Date:
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.