

Alternative Health & Healing Center

13240 Tamiami Trail N #204, Naples, FL 34110 • Phone 239-592-7767 • Fax 239-593-5908

New Patient Intake Forms

Today's Date: _____

Title: (Check one): Mr. Mrs. Ms. Miss Dr. Other _____

First Name: _____ MI: _____ Last Name: _____

I prefer to be called: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Cell Phone Home Phone

Email: _____

Date of Birth: ____/____/____ Sex: Male Female

Last 4 of Social: (Sign in ID) _____

Marital status: Single Married Other Spouse's Name _____

Employment Status: Employed Unemployed Student Retired Self Employed

Employer/School: _____

Occupation: _____

Who can we thank for referring you? _____

Emergency Contact

Contact Name: _____ Phone: (_____) _____ - _____

Relationship to Patient: _____

v07/22

Reason for Visit? _____

When did your symptoms appear? _____

Is the condition getting worse? _____

Type of pain: Sharp Dull Throbbing Numbness Aching
Shooting Tingling Cramping Stiffness Swelling
 Other _____

How often do you have this pain? _____

Is it constant or comes and go? _____

Does it interfere with your: Work Sleep Daily Routine Recreation

Activities or movements that are painful to perform:

Sitting Standing Walking Bending Lying Down

What treatment have you already received for your condition?

Medication Surgery Physical Therapy Chiropractic Service
Other: _____

Surgeries: (Check all that apply to you)

Appendectomy Cardiovascular Procedure Cervical Spine Joint Replacement
Prostate Lumbar Spine Gall Bladder Brain Shoulder Thoracic Spine Knee
Hernia Hysterectomy Carpal Tunnel Gastro-intestinal Uro-genital
Other: _____

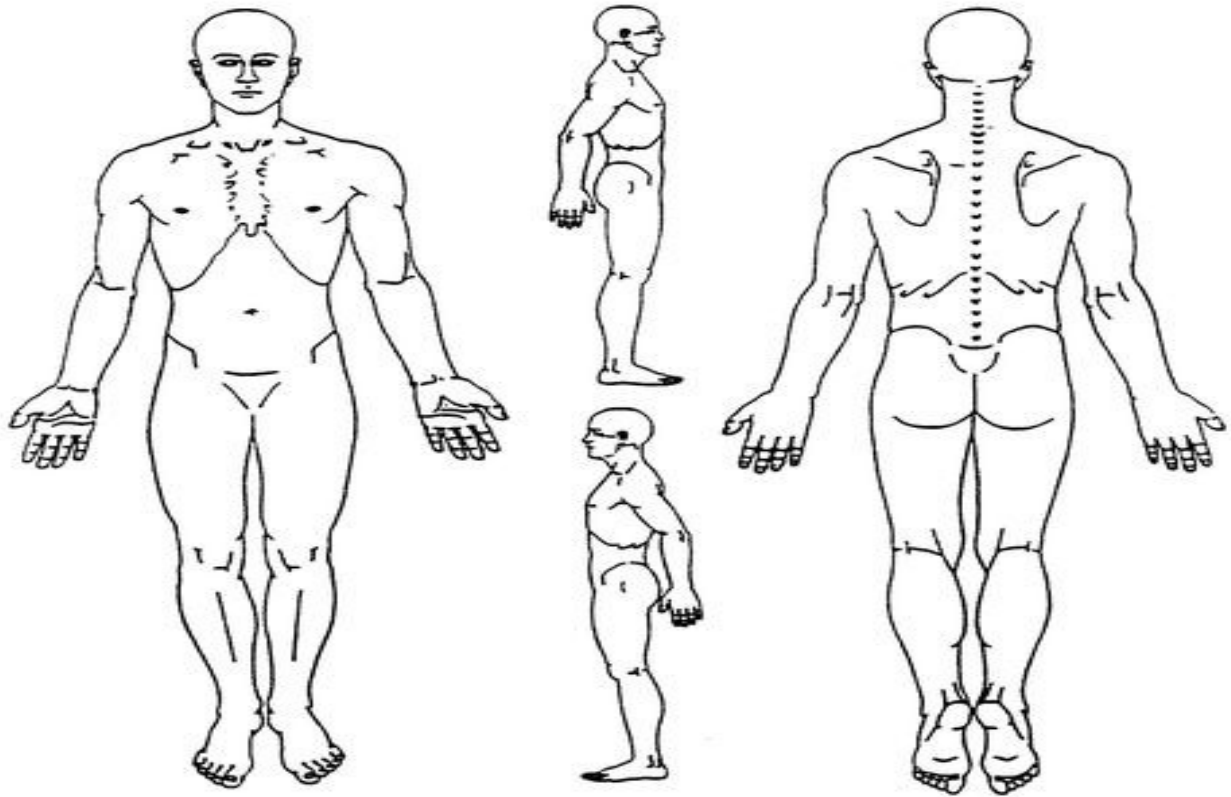
Name of Doctor (s) who have treated you for this condition: _____

Please check to indicate if you have had any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> AIDS/ HIV | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Vaginal Infection |
| <input type="checkbox"/> Allergy shot | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Measles | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Hypertension | _____ |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Migraine | _____ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Miscarriage | _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis | |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Breast Lump | <input type="checkbox"/> Osteoporosis | |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Pacemaker | |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Parkinson's Disease | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pinched Nerve | |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Pneumonia | |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Prostate problems | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prosthesis | |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Psychiatric Care | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatoid Arthritis | |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Goiter | <input type="checkbox"/> Skin Disorder | |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Suicide Attempt | |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Thyroid | |
| <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Tonsillitis | |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Herniated Disk | <input type="checkbox"/> Tumors | |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Typhoid fever | |
| <input type="checkbox"/> High Blood Pressure | | |

Are you pregnant? Yes No N/A

By using the key below, indicate on the body diagram where you are experiencing pain:



On average rating from 0-10, how much pain are you experiencing? 0 = no pain and 10 = the worst pain imaginable?

Please circle: 0 1 2 3 4 5 6 7 8 9 10

Describe your symptoms in order of severity, with worse symptom being # 1:

Are your symptoms a result of: Motor Vehicle Accident Work Related Accident
Other: _____

How are your symptoms changing? Getting better Not Changing Getting worse

List all Allergies:

List All Medications & Vitamins:

Social History:

Caffeine use: Occasional Often Never

Drink Alcohol: Occasional Often Never

Exercise: Occasional Often Never

Tobacco Use: Occasional Often Never

Sleep: Hours per night: _____

Stress Level: High Moderate Low None

Family History:

Arthritis: Parent Sibling

Cancer: Parent Sibling

Diabetes: Parent Sibling

Heart Disease: Parent Sibling

Hypertension: Parent Sibling

Stroke: Parent Sibling

Thyroid: Parent Sibling

Other: _____

Review of Systems: (Check if you had trouble with any of the following within the last 3 months)

General:

- Weight Change
- Fever
- Chills
- Night Sweats
- Weakness
- Fatigue

Eyes:

- Vision Change
- Pain
- Discharge

Ears:

- Hearing
- Ringing
- Pain
- Discharge

Nose:

- Pain
- Bleeding

Mouth/ Throat:

- Sores
- Bleeding/ Taste

Skin:

- Rash
- Itching
- Hair Changes
- Nail Changes

Neurological:

- Headaches
- Dizziness
- Fainting
- Convulsions

G-I:

- Appetite
- Abdominal Pain
- Vomiting
- Diarrhea
- Constipation

G-U:

- Frequent Urination
- Painful Urination
- Incontinence

Cardio:

- Murmur
- Chest Pain
- Palpitations
- Difficulty Breathing
- Cough
- Wheezing
- Swollen Extremities

Breasts:

- Self-exam
- Mass
- Pain
- Discharge

Psychological:

- Anxiety
- Depression
- Mood swings
- Memory

Musculoskeletal:

- Neck
- Upper Extremities
- Upper Back
- Lower Extremities
- Lower Back

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INFORMED CONSENT & NOTICE OF PRIVACY PRACTICES

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about the potential problems associated with chiropractic care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a machine. Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated.

In this office, we use trained staff personnel to assist the doctor with portions of your consultation examination, physical therapy, traction, massage therapy, exercise Instruction, etc. occasionally when your doctor is unavailable, another clinic doctor will treat you on that day.

Soft tissue Injury: soft tissues primarily refer to muscles and ligaments. Muscles move bone and ligaments limit Joint movement. Rarely a chiropractic adjustment, traction, massage. Therapy, etc.... may tear some muscle or ligament fibers. The result is a temporary Increase In pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify their probability.

Disc Herniation's: Disc herniation's that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. this includes both neck and back. Yet, occasionally chiropractic treatment (adjustments, traction etc.) will aggravate the problem and rarely surgery may become necessary for correction. These problems occur so rarely that there are no available statistics to quantify their probability.

Stroke: stroke means that a portion of the brain does not receive enough oxygen from the blood stream. The results can cause temporary or permanent dysfunction of the brain. Manipulation and chiropractic adjustments have been, without any certainty, associated with strokes that arise from an artery known as the vertebral artery. This is because the vertebral artery is found within the vertebra of the neck. Our physicians do not perform any "extension- rotation thrust Atlas maneuvers, which has been thought to be related to a higher risk of vertebral artery involvement. Again, we do not perform this type of adjustment on patients. other type of neck adjustments may also be related to vertebral artery this type of injury is 1 per every 4 million adjustments. This means that you have a better chance of having a stroke while getting your hair washed at the hairdressers. It also means that your chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single incident.

Rib Fractures: The ribs are only in the middle of your back, known as the thoracic spine. They extend from your back to your front chest area. Rarely will a chiropractic adjustment crack a rib bone, referred to as a fracture. This occurs mainly with patients that suffer with weakened bones from such things as osteoporosis. Osteoporosis can be noted on an x-ray, as well as a bone density (DEXA Scan). We adjust all patients very carefully, and especially the elderly and those who have osteoporosis.

"A WISE MAN SHOULD CONSIDER THAT HEALTH IS THE GREATEST OF HUMAN BLESSINGS" HIPPOCRATES

Soreness: It is common for patients undergoing chiropractic adjustments, traction, massage therapy, and exercise, etc.... to have temporary soreness especially in the region being treated. This is nearly always temporary and occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

Physical Therapy burns: some machines we use generate heat. We also use both heat and ice and recommend them for home care when necessary. Everyone's skin has different sensitivity levels to these modalities, and rarely with ultrasound, muscle stimulation, heat, ice and formula gel preparations burn or irritate the skin. Please notify the doctor, assistant, or staff member if you have a certain skin allergy or abnormally sensitive skin, so that we may determine a safe and effective treatment plan for you.

There may be other problems or complications that arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that is not possible to anticipate and/or explain them in advance.

Chiropractic is a safe and effective system of health care delivery and therefore, as with any health care delivery system we cannot promise a cure for any symptom, disease, or condition as a result of treatment in the clinic. We will always give you our best care, and if you are not responding to conservative treatment, we will refer you to another health care provider whom we feel will be able to better assist your situation. .

If you have any questions pertaining to any of the information outlined above, please ask your doctor. When you have a full understanding, please sign and date on the area provided below.

HIPPA ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be

placed in my patient chart and maintained for six years.

Thank You,
Sincerely,
Dr. Paul Finucan, D.C.

Patients Name (Print)

Today's Date

Parent, Guardian or Patients Legal Representative

Signature

**THIS FORM WILL BE PLACED IN THE PATIENTS CHART AND MAINTAINED FOR SIX YEARS.
ALTERNATIVE HEALTH AND HEALING CENTER, P.A.**

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