

Welcome to Freedom Chiropractic

When a person seeks the services of a chiropractor, it is essential that they fully understand the mission and objective of that particular chiropractor.

The mission of this office:

- To create a path to health capable of being followed.

The sole objective of each visit:

- To increase the function of the nervous system to gain greater health .

Vertebral subluxations are ***misalignments of the spine that interfere with the function of the spinal cord and nerves***. This interference reduces your body's ability to do everything including, but not limited to, healing itself.

Consequently:

- It is not the objective or intention of Freedom Chiropractic to provide medical services: to diagnose, fix, treat or attempt to cure any specific symptoms or to make the focus of care about any specific ailments.

It is the firm belief of this office that a chiropractic adjustment to improve the function of the nervous system is in and of itself an invaluable and unique service that only chiropractors can provide.

Simply stated:

- Improved spinal alignment from a chiropractic adjustment is always good because it reduces interference in the nervous system.

Chiropractic care is not a cure for anything, but it does lay down the foundation necessary for the body to be able to reach its potential.

The information asked for and received from you is important and is only that which is necessary for your care here at Freedom Chiropractic. Please fill out the forms completely and to the best of your ability. If you have any questions or if there is any other information you feel should be known, please mention it to the chiropractor.

I, _____, have read the above, understand it fully, and choose to receive wellness chiropractic care for the duration of the time I choose to be a patient at Freedom Chiropractic Health Center

Initial Here

Date

Freedom Chiropractic Health Center

About You

Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

How did you hear about the office?

Personal & Family History

Name of spouse:

Number of children, Names and ages:

Your Occupation:

Chiropractic and Health History

Your last visit to a chiropractor was (circle one):

Never --- 3 months ago or more --- Less than 3 months ago

Name of previous chiropractor?_____

What motivated you to begin chiropractic care today?

If you have no specific problem but are here to have your spine checked for subluxation, check here:___

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when:

Any other significant health history for self of famiy, including but not limited to cancer, heart disease, diabetes, stroke, seizure disorders, etc.:

Thank you again for choosing Freedom Chiropractic Center. Please fill out just a little more information.

Chiropractic lays down the foundation necessary for your body to reach its potential including the quality of your rest and sleep, the nutrition you get from the food you eat, the value you get from exercise, and how you handle stress. **How would you rate your:**

Rest/Sleep: Poor Good Excellent

Diet: Poor Good Excellent

Movement: Poor Good Excellent

Your level of stress on a scale of 1 to 10 (with 1 as the lowest): _____

Along with getting chiropractic adjustments, what do you regularly do (or plan to do) to improve your health?

Which of the following best describes your reason for coming to this office?

I have no special problem; I understand the role of chiropractic in my general well-being.

I have a symptom of a physical problem and I want to see if chiropractic will enable my body to work better.

I am also interested in learning how chiropractic can improve my expression of life and that of my family.

Dr. Jake Schmitz has been trained extensively in the chiropractic profession and should not be confused with being a medical physician. The goal in this practice is to locate and correct interferences in your nervous system, to improve function and integrity of the nervous system to improve health, not to diagnose, treat, or cure physical, mental, or emotional ailments. People experience the benefits of chiropractic in this practice every day, but it is important to understand that if you become concerned about symptoms or medical conditions, that you seek the help of a symptom and disease care professional.

I, the undersigned, have completely read and understand the above statement and choose to be served at the Office of Dr. Jake Schmitz

Signature

Date

Notice of Privacy Practices

Freedom Chiropractic Health Center is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of your legal duties and privacy practices with respect to your protected health information.

There are certain times that we will disclose your healthcare information. These times include: for purposes of treatment, payment, public health, marketing (includes reminder phone calls and missed appointment phone calls), and change of ownership.

Your Rights:

1. You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Freedom Chiropractic Health Center is not required to agree to the restriction that you requested.
2. You have the right to your health information received or communicated through an alternative method or sent to an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that your health information be amended. However, Freedom Chiropractic Health Center is not required to agree to the amendment. If your request has been denied an explanation will be provided along with measures as to how to disagree with your denial.
5. You have a right to receive an accounting of disclosures of your protected health information.
6. You have a right to a paper copy of this Notice at any time upon request.

Any changes made to this notice must be presented to you. This paper is a modified version of our HIPAA policies. A full copy can be obtained upon request.

I have read, understand, and agree to the HIPAA policies at Freedom Chiropractic Health Center.

Patient Signature

Date

I am opting not to sign this agreement for the following reason(s):

Patient Signature

Date

Witness