Denver Vitality Center

Dr. Mark Armbruster, D.C.

Pressure Wave Therapy - Case History

Name _____ Sex M F Date_____
Address _____ State_____ Zip_____
H. Phone _____W. Phone_____ Date of Birth _____Age_____
Referred by _____ Social Security _____
Occupation _____ Employer_____
Have you ever received Chiropractic Care? Yes__ No__ If yes, when?_____

1. Primary reasons for seeking treatment:
Primary reason: _____
Secondary reason: _____
Other reasons: _____

2. Chief Complaint: _____
Location of Complaint: _____
What was the initial cause of this complaint? _____
When did this complaint begin? _____
Are you presently under a doctor's care for this complaint? Y/N Doctors name:_____
Please circle the Quality of the complaint/pain: dull aching sharp shooting burning throbbing deep nagging other _____
Does this complaint/pain radiate or travel (shoot) to other areas of your body? Y/N Where? _____
Do you have any numbness or tingling in your body? Where? _____
Grade Intensity/Severity (0 No complaint/pain) 0 1 2 3 4 5 6 7 8 9 10 (10 Worst possible pain/complaint imaginable)
How frequent is complaint present. How long does it last? _____
Does anything aggravate the complaint? _____
Does anything make the complaint better? _____
Does this complaint interfere with: work, home life, activities or sleep? Y/N _____

3. Previous interventions: treatments, medications, surgery, or care you've sought for your complaint

_____

4. Past Health History:
A. Previous illnesses you've had in your life**:** _____
B. Previous injury or trauma**:**_____
Have you ever broken any bones? Which? _____
C. Allergies _____
D. Medications**:** _____
Condition/s you are taking medications for: _____
F. Surgeries and dates: _____

_____

On a scale of 1 – 10. How committed are you to resolving this complaint? ____
Are there any other health concerns you would like to address? _____

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office to provide me with Pressure Wave Therapy treatments, in accordance with this state's statutes.

Signature _____ Date _____

Doctors Signature _____ Date _____

Denver Vitality Center
Dr. Mark Armbruster, D.C.
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303-242-8089

Notice of Privacy Practices - Acknowledgement & Consent

Acknowledgement for Consent to Use and Disclosure of Protected Health Information

Use and Disclosure of your Protected Health Information

Your Protected Health Information will be used by Denver Vitality Center or may be disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of this office.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your Protected Health Information may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office. You may review the Notice prior to signing this consent. You may request a copy of the Notice at the Front Desk.

Requesting a Restriction on the Use or Disclosure of Your Information

- You may request a restriction on the use or disclosure of your Protected Health Information.
- This office may or may not agree to restrict the use or disclosure of your Protected Health Information.
- If we agree to your request, the restriction will be binding with this office. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your Protected Health Information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

By my signature below I give my permission to use and disclose my health information.

Patient or Legally Authorized Individual Signature	Date
Print Patient's Full Name	Time
Witness Signature	Date