NEW PATIENT REGISTRATION FORM

Please print the following information

PERSONAL INFORMATION

Date Today: .....

Name ..... Birth Date ..... Sex .....
First M.I. Last

Address .....
Street Address P.O. Box/Apt# City State Zip Country

Marital Status..... Race ..... Education..... Email.....

Phone: (Home) .....(Work)..... (Cell) .....

Closest Relative .....

(include address) .....

Relative Phone: ..... Spouse/Sig. Other ..... Referred by .....

Employer ..... Occupation.....

Medications, Herbs, ...

Home Remedies, etc. .....

Allergies (including medication).....

Diet (please describe)- Breakfast .....

Lunch.....

Dinner.....

Exercise (please describe) .....

INSURANCE INFORMATION: Please fill out the following information for the holder of the insurance policy or legal gaurdian

Insurance Co.. ..... Group #..... Policy # .....

Insured Name ..... Birth Date ..... Sex .....
First M.I. Last

HOSPITALIZATIONS: YEAR OPERATION/ILLNESS NAME OF HOSPITAL CITY AND STATE

First.....

Second .....

Third .....

Fourth .....

CHIEF COMPLAINT

Reason for this visit .....

Was there an initiating event or was anything different within 6-12 months before the onset of the problem?

.....

.....

MEDICAL HISTORY

☑ **CHECK** every condition that you have *ever had.*

☑ **CIRCLE** conditions currently present.

☑ **WRITE** the **age of onset.** 7 y/o

EYES

Text

☐ Failing vision
☐ Double or blurred vision
☐ Squinting/"crossed" eyes/
☐ Asymmetric gaze
☐ Eye pain
☐ Eye infections
☐ Lose place when reading
☐ Poor reading comprehension
☐ Eyestrain or fatigue from reading
☐ Headache from reading
☐ Glasses or contacts
☐ Monovision/Progressive lenses

ENT

☐ Decreased hearing
☐ Loud voice
☐ Snoring/Mouth breathing
☐ Ringing/Buzzing in ears
☐ Ear infections
☐ Allergies/Hay fever/Runny nose
☐ Sinus problems
☐ Nose bleeds
☐ Frequent sore throats
☐ Prolonged hoarseness
☐ Speech problems

CARD-PULM

☐ Asthma
☐ Emphysema
☐ Chronic cough
☐ Bronchitis
☐ Pneumonia
☐ Tuberculosis
☐ Shortness of breath on exertion
☐ Shortness of breath on lying flat
☐ Chest pains
☐ Heart murmurs
☐ Palpitations
☐ Swollen ankles
☐ Fainting spells
☐ Leg pain when walking
☐ Varicose veins/Phlebitis

GI

☐ Eating disorder
☐ Recent loss of appetite
☐ Difficulty swallowing
☐ Heartburn
☐ Persistent nausea/vomiting
☐ Ulcers
☐ Chronic abdominal pain
☐ Recent change in bowel habits
☐ Diarrhea
☐ Constipation
☐ Black or tarry stools
☐ Red blood in stools
☐ Hemorrhoids
☐ Diverticulosis
☐ Gall bladder trouble
☐ Jaundice/Hepatitis
☐ Hernia

ENDO

☐ Chronic fatigue
☐ Recent weight loss
☐ Excessive weight gain
☐ Thyroid disease
☐ Cancer
☐ Diabetes

NEURO

☐ Convulsions/Seizure
☐ Stroke
☐ Tremors
☐ Muscle weakness
☐ Numbness/Tingling sensation
☐ Frequent headaches
☐ Clumsiness

MS

☐ Joint pain
☐ Scoliosis/Kyphosis
☐ Arthritis
☐ Gout
☐ Cold or numb feet
☐ Involved in contact sports

DERM

☐ Rashes
☐ Psoriasis
☐ Eczema
☐ Hives
☐ Unusual moles

PSYCH/EMOTIONAL

☐ Difficulty Sleeping
☐ Nightmares
☐ Nervousness/Anxiety
☐ Stress
☐ Depression
☐ Memory loss
☐ Moodiness
☐ Phobias
☐ Nail biting/thumb sucking
☐ Bad temper/breath holding/
☐ Jealousy

ILLNESSES

☐ Mumps
☐ Measles
☐ German measles
☐ Chicken pox
☐ Polio
☐ Scarlet fever
☐ Rheumatic fever
☐ TB
☐ Meningitis

HABITS

☐ Alcoholism
☐ Alcohol .....
☐ Cigarette .....packs/day
☐ Coffee/Tea .....cups/day

HEME

☐ Anemia
☐ Malaria
☐ Bruise easily/Bleeding
☐ Mononucleosis
☐ Unexplained lumps
☐ Fever/Chills/Excessive sweating

GU

☐ Bed wetting
☐ Bladder infections
☐ Kidney infection
☐ Pain on urination
☐ Poor control of urination
☐ Decreased force of urination
☐ Blood in urine
☐ Kidney stones
☐ Discharge from penis or vagina
☐ Sexually transmitted disease

FEMALE ONLY:

Number of pregnancies .....
Number of live births.....
Number of miscarriages .....
Method of birth control.....
Age of onset of menses.....
Flow: ☐ Light ☐ Moderate ☐ Heavy
☐ Period Not Regular
☐ Length of Flow .....
☐ Length of Cycle.....
☐ Pain/bleeding with intercourse
☐ PMS (medium to severe)

STRESS

Check any of the following that occurred in your family the past year:

☐ Marriage ☐ Births ☐ Serious illness
☐ Divorce ☐ Deaths ☐ Separation
☐ Job loss ☐ Move ☐ Other.....

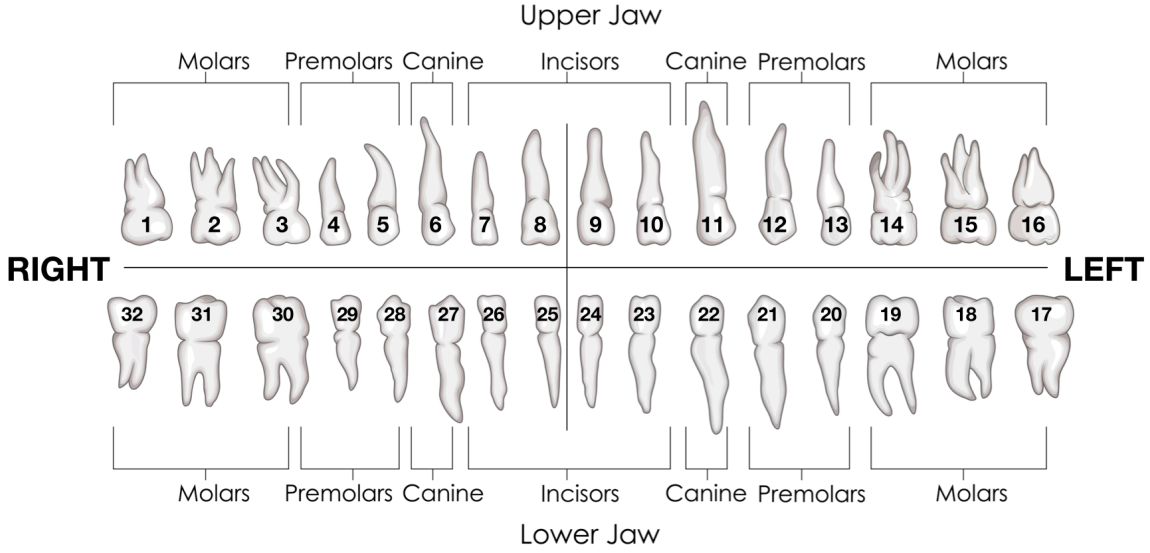
DENTAL

☐ Orthodontic treatment
☐ Dental extractions
☐ Crowns
☐ Root canal work
☐ Fillings
☐ Bridgework
☐ Retainer/Night guard
☐ Gum problems

Dental Chart:

On the Dental Chart below, please indicate date(s) incurred & your age at that time each of the following dental procedures

- Amalgam (silver) fillings (AF)
- Root Canal Teeth (RCT)
- Dental Implants (DI)
- Dental extractions (DE)
- Other dental procedures (indicate the procedure)



Health Line:

Indicate any health condition(s) and your age (yo) when it started on the time line below:
Example: root canal, age 20yo; diabetes, age 42, yo; hypertension, age 49; etc

Example 20 yo Root Canal 49 yo hypertension

Birth 10 yo 20 yo 30 yo 40 yo 50 yo 60 yo 70 yo 80 yo 90 yo

42 yo diabetes

Birth 10 yo 20 yo 30 yo 40 yo 50 yo 60 yo 70 yo 80 yo 90 yo

☐ Grind teeth

TRAUMA

List all following with age of occurence

Falls. .....

.....

.....

.....

Bumps. .....

.....

..... Sprains/Strains. .....

.....

.....

.....

Concussions .....

.....

Broken bones .....

.....

..... Accidents .....

.....

.....

.....

.....

OTHER

.....

.....

.....

PEDIATRIC Pediatric section for patients under 18 years old only.

PREGNANCY (Mother)

Mothers age when pregnant .....

What number pregnancy was this? .....

Number of abortions/Miscarriages? .....

Number of live births? .....

☐ Unplanned pregnancy

☐ Complications

☐ In vitro

☐ Artificial Insemination

☐ Amniocentesis

Number of ultrasounds .....

Medications during pregnancy:

.....

.....

☐ Trauma during the pregnancy

☐ Illnesses during pregnancy

LABOR

☐ False labor

How long was active labor .....

☐ Difficult labor

☐ Pitocin

☐ Pain medication

☐ Epidural or spinal anesthesia

DELIVERY

When was the baby born relative to the due date? .....

Baby's position .....

☐ C-section

☐ Forceps

☐ Episiotomy

☐ Vacuum extraction

☐ Cord wrapped around the neck

☐ Difficult/traumatic delivery

☐ Meconium staining

NEWBORN

What was the birth weight .....

APGARs: 1 min. .....5 min. .....

☐ Head asymmetrical/uneven at birth

☐ Unusual cry at birth

NUTRITION

☐ Breast

☐ Formula .....

☐ Other .....

☐ Did NOT nurse immediately after birth

☐ Difficulty nursing

INFANT

☐ Spiting up

☐ Rigidly arches backwards

☐ Muscle tone feel loose or floppy

☐ Muscle tone feel too tight or rigid

☐ Torticollis (head and neck side-bent)

☐ Colic

☐ Age of first illness

☐ Helmet use for uneven head

BABY

Age first sleep through night .....

☐ Used a walker or any similar device

☐ Used a swing

☐ Growth and development problems

What age did your child:

Sit up ..... Creep .....

Crawl ..... Cruise .....

Walk ..... Talk .....

SENSITIVITIES

☐ Easily startled?

☐ Food sensitivities

☐ Picky eater

☐ Difficulty wearing certain clothing

MOTOR SKILLS

☐ Clumsiness

☐ Difficulty drawing a straight line, circle, square, complex figure (age appropriate)

SCHOOL

☐ Poor grades in school?

☐ Homework difficult

☐ Poor concentration/short attention span

☐ Doesn't get along with classmates

EXPOSURE/HABITS

☐ Possible lead exposure (old home/plumbing/peeling paint)

☐ Smokers in household

☐ TV – hours per day .....

☐ Computers – hours per day .....

☐ Video games – hours per day .....

☐ Suck finger/thumb/lip/pacifier

☐ Nail biting

Your relationship to child .....

Location of birth .....

Is the child yours by:

☐ Birth ☐ Adoption ☐ Marriage

Other .....

Are both biological parents raising the child ☐ Yes ☐ No

Parents: ☐ Unmarried ☐ Married ☐ Separated ☐ Divorced

Who lives in the home?

.....

.....

Father's professions .....

Mother's professions .....

Is your child:

☐ Irritable ☐ Aggressive ☐ Shy

SIBLINGS

List all siblings

.....

.....

.....

.....

OTHER MEDICAL TREATMENT: List all Physicians from whom you are currently receiving treatment along with the condition(s).

Physican Name	Illness(es)	Treatment Program

FAMILY HISTORY Please look down the list of diseases and check any listed family member that applies.

Relative / Medical Condition	Mom	Dad	Sister	Brother	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad	Mom's Sister	Mom's Brother	Dad's Sister	Dad's Brother
Alcoholism												
Anemia												
Asthma												
AutoImmune Disorder												
Bleeding Problem												
Cancer												
Congenital Anomaly/Birth defect												
Heart Disease												
Depression												
Diabetes												
Eczema												
Psoriasis												
Food allergy												
Genetic disorder												
Hay Fever												
Hearing disorder												
Kidney disease												
High Cholesterol												
High blood pressure												
Immune disorder												
Mental retardation/Learning disorder												
Scoliosis/Kyphosis												
Stroke												
Substance abuse												
Thryroid dusorder												
Tobacco use												
Tuberculosis												
Death before age 56												
Other												
Other												

IMMUNIZATIONS Please list any type of immunization reaction or adverse effect.

Immunization	Describe reaction including severity, length of time, and age.
DPT	
Tetanus booster	
Polio	
MMR	
Hib	
Varicella	
Prevnar	
Hepatitis A	
Hepatitis B	
Other	

Office Policy And Informed Consent For Treatment With Osteopathic Manual Medicine

Thank you for selecting our office for evaluation and osteopathic treatment. We look forward to serving you.

D.O.s AND OSTEOPATHIC MANUAL MEDICINE

An osteopathic physician is a fully licensed physician (i.e. licensed to prescribe medication and perform surgery) whose education combines the traditional methods of diagnosis and treatment as well as osteopathic manual medicine (manipulation).

Osteopathic manual medicine is a form of treatment based on the concept that the structure of the human body influences the function. The goal of treatment is to improve the body's structure that in turn enables the body to function at a higher level of health. This usually reduces the amount of pain experienced by the patient as well as increases the ability of the body to fight disease (i.e. stimulate the immune system). As in most forms of medical treatment, no specific results can be guaranteed.

TREATMENT PROGRAM

The physician will ask questions, perform a physical examination, which includes the musculoskeletal system in order to detect any somatic dysfunction (abnormalities such as tenderness, asymmetry, restricted range of motion and abnormal changes in the muscles, joints, bones, connective tissue, etc.). The physician's goal is to locate then reduce or resolve this somatic dysfunction. Techniques range from a very light touch to more increased pressure.

Other recommendations may be given to help the dysfunction, such as diet, exercise, or stretching regimens.

TREATMENT RISKS

Patients rarely experience side effects as osteopathic manual medicine is considered one of the safest and most non-invasive forms of medical treatment. Most side effects occur from chiropractic or other forceful types of manipulation. Chiropractic manipulation is not utilized, nor is any form of treatment using quick forceful movement generated by the physician.

However, for purposes of disclosure, the following side effects have been reported from all forms of manual medicine:

> Worse pain after treatment, numbness or weakness, fractures (broken bones), spread of pre-existing conditions such as undetected cancer, breaking loose of blood clots, stroke and tears in blood vessels.

Although the above-listed complications are rare, patients should be made aware of the complications and some may be serious. Utilizing gentle techniques further reduces the occurrence of these rare complications.

In more common cases, patients may experience mild muscle soreness, fatigue, or tenderness, similar to excessive sports activities or flu-like symptoms. This vital reaction to treatment usually resolves within a few days.

APPOINTMENT

Your appointment is time set aside for you and your physician. Without a 24-hour notice, patients who forget their appointments or cancel at the last minute will be charged. Please understand we allow a significant amount of time for each patient visit and a missed appointment is lost time, which could have gone to a patient on the waiting list. Our office will endeavor to contact patients two working days in advance to confirm your appointment, however, the appointment is the patient's responsibility.

Initial evaluation and treatment lasts approximately 60-90 minutes. Follow-up treatments usually last 30-45 minutes.

POSITIVE ACCOUNT BALANCES AND RETURNED BANK ITEMS

To cover administrative costs, a late charge of a minimum of $10 or 1.5% (whichever is greater) will be added to all accounts not paid in full each month. If your check is returned from the bank, we will add a "returned check" fee to your account, usually in the amount of $25.

PAYMENT

Your insurance company may not reimburse for part or all of the physician's services. Please note that payment is required at the time of visit and that you or your legal guardian are personally responsible for any unpaid balance.

We will provide you with a "Superbill" (a form detailing medical treatment, diagnoses, and charges) for each visit, which can be submitted to your insurance company. We regret that we are unable to accept the following:

- Disability insurance
- Worker's Compensation
- MediCal
- Medicare
- Liens
- Assignment from an insurance carrier

Thank you for taking the time to read this agreement. We understand that you have come here to seek specialized treatment and we will endeavor to assist you in a speedy recovery.

If you have any concerns or specific questions regarding the risks or benefits of treatment, please ask the physician before signing the consent form.

CONSENT FOR TREATMENT

I understand and agree to the above and agree to be treated. If the patient is a minor, I give my consent to have them treated.

Signature of patient or legal guardian Date

Signature of witness Date

Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning and marketing and a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- Understanding what is in your record and how your health information is used helps you to:
    - ✦ ensure its accuracy
    - ✦ better understand who, what, when, where and why others may access your health information
    - ✦ make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 (Contact the Department of Health and Human Services for information about Standards for Privacy of Individually Identifiable Health Information (45 CFR 164)).
- Obtain a paper copy of the notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations. Requests longer than 40 characters must be submitted in electronic form (ASCII text file only).
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Our Responsibilities:
- This organization is required to:
- Maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice on our web site or notify you at your next office visit.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem.

If you have questions or would like additional information, you may contact the Director of Health Information Management at this office.

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they

took and their observations. In that way the physician will know how you are responding to treatment.

We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Uses or Disclosures

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and an answering service to accept your calls after hours. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

My signature below indicates that I have been provided with a copy of the notice of privacy practices as requested.

_____

Signature of Patient or Legal Representative Date

If signed by legal representative, state the relationship to the patient: _____

FOR THE BEST TREATMENT POSSIBLE

1. Sit back, relax and enjoy the treatment. The best time for questions is at the beginning of the visit. This enables the doctor to concentrate during treatment.
2. Treatment continues even after your appointment. Do not engage in strenuous activity for at least 24 hours following a visit.
3. Wear lightweight clothing: the doctor needs to palpate (feel) through the fabric to treat underlying abnormalities that are triggering your symptoms. Avoid jeans and other heavyweight material. Patients are asked to wear a gown during the initial exam but not for follow-up treatment.
4. Check with your doctor before incorporating other types of physical medicine (i.e. acupuncture, chiropractic, physical therapy, massage) into your treatment plan. A healing process is in motion. Please allow it to continue to work without interference.
5. Notify the doctor of impending dental work (i.e. expanders, braces, appliances, splints, crowns) as it often impacts the body's mechanics. Be advised that some dental treatment can worsen the condition the patient is trying to resolve. Some forms of dental treatment are more biomechanically favorable than others.
6. Be sure to let your doctor know if you wear glasses or use contact lenses. Your prescription could be contributing to strains in your body.
7. Treatments are designed to make powerful changes in your body. Occasionally patients experience vital reactions ranging from light-headedness to achy sensations, slight aggravation of symptoms. This is more common after the first or second treatment and seldom occurs after that. Symptoms typically resolve within 24 to 48 hours. Drink plenty of water (room temperature) to flush your system.
8. Arrive on time. You do not want to cut your appointment short by being late. Take advantage of every minute to improve your health.
9. Note to parents: Although one adult caretaker is welcome in the room at any time, it is sometimes easier to treat children with just a staff member assisting the doctor. Other children in the room usually distract the physician and the patient, decreasing the treatment's effectiveness.