

# Kolenda Chiropractic & Acupuncture Clinic

## CASE HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*\*CONTACT INFORMATION IS KEPT PRIVATE WITH US. YOU MUST AUTHORIZE ITS RELEASE.**

CONTACT NUMBERS: CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS IN WHICH WE MAY CONTACT YOU:

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MAY WE SEND YOU MONTHLY NEWSLETTERS? YES NO

OCCUPATION? \_\_\_\_\_

HOW MANY HOURS A DAY DO YOU SIT? \_\_\_\_\_ Stand? \_\_\_\_\_

HAVE YOU BEEN TO A CHIROPRACTOR BEFORE? \_\_\_\_\_ HOW LONG AGO? \_\_\_\_\_

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WHAT ARE THE ISSUES THAT BROUGHT YOU HERE TODAY?

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HOW LONG HAS IT BEEN THERE? \_\_\_\_\_ RATE 0-10 (10 BEING WORST) \_\_\_\_\_

ARE YOU CURRENTLY UNDER ANY OTHER DOCTOR'S CARE? \_\_\_\_\_

IS THIS RELATED TO AN AUTOMOBILE ACCIDENT? Y / N DATE OF ACCIDENT \_\_\_\_\_

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WHAT FORM OF PAYMENT WILL YOU USE TODAY? CASH, CHECK, CREDIT CARD

INSURANCE COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

CLAIM/GROUP NUMBER: \_\_\_\_\_

**\*\*PLEASE READ THE OTHER SIDE\*\***

## **Please read & initial each statement below:**

Insurance has become somewhat of a mystery to both doctors and patients. We receive initial notice that you will be covered only to find that your insurance does not or refuses to pay. This is difficult for you as a patient and very difficult for us to run a business. Our product is your treatment plan (Please initial to show you have read this statement) \_\_\_\_\_.

Your insurance policy is an agreement between you and your insurance carrier. Not the doctor, for we are the provider. Our agreement is to provide a service that your insurance company will pay for ONLY if it falls inside the contract guidelines of your policy. Otherwise, they will not pay for it.  
(Please initial to show you have read this statement) \_\_\_\_\_.

**Some treatments are not covered and we will inform you prior to performing them, and get your understanding and agreement of the additional cost that you must pay out of pocket.** (Please initial to show you have read this statement) \_\_\_\_\_.

### **Terms of acceptance into this office**

I hereby authorize the doctors of Kolenda Chiropractic Clinic and whoever they may designate as their assistants to administer care and treatment, as they deem necessary.  
(Please initial to show you have read this statement) \_\_\_\_\_.

When an individual seeks chiropractic health care and we accept them into our clinic for care, it is essential for us both to be working together if you are to get well.

**Chiropractic has only one goal.** The goal is to eliminate the misalignments of the spinal column. These misalignments are called, "vertebral subluxations".  
(Please initial to show you have read this statement) \_\_\_\_\_.

A subluxation interferes with the expression of the body's innate wisdom. It also can be painful and severely impair your daily activities. It is important that you as the patient, understand both the objective and the method that will be used to attain our goal. This will prevent any confusion. (Please initial to show you have read this statement) \_\_\_\_\_.

We will adjust your spine and joints of your body by hand:  
An adjustment is a specific application of forces to facilitate the body's correction of subluxation. Our chiropractic method is the specific adjustment of the spine.  
(Please initial to show you have read this statement) \_\_\_\_\_.

**HEALTH:** Health is more than, "I feel good". It is the state of optimal physical, mental, and social well-being. Not merely the absence of disease, pain or discomfort.  
Health is more than "I feel good".

**PLEASE NOTE:** Regardless what your disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only objective is to eliminate interference to the expression of the body's innate wisdom. Our method is specific adjustment to correct vertebral subluxations, or misalignments.  
(Please initial to show you have read this statement) \_\_\_\_\_.

I have read and fully understand the above statements.

Your signature, Please \_\_\_\_\_ Date: \_\_\_\_\_