Community Chiropractic Spine & Sport
Chiropractic • Acupuncture • Massage
Dr. Darryl L. Koch, DC, CCSP
Dr. Derrick Ladeairous, DC, MAc

PATIENT HEALTH QUESTIONNAIRE

Last name:_____ First:_____ M.I.___ D.O.B:_____

Address:_____ City:_____ State:____ Zip:_____

Mobile Phone:_____ Home:_____ Email: _____

Occupation:_____ Employer:_____

Emergency Contact Name:_____ Phone:_____

List reason(s) for your visit today:	Date you first noticed:	Pain Scale: 0(none)-10
1._____	1._____	1._____
2._____	2._____	2._____
3._____	3._____	3._____

How did the above injury/injuries occur? Work___ Auto accident___ Injury___ Other___

Have you ever received chiropractic care in the past_____ If so, when?_____

List medications you are taking_____

Additional medical history:_____

Please mark the area(s) of discomfort or pain on the figures:

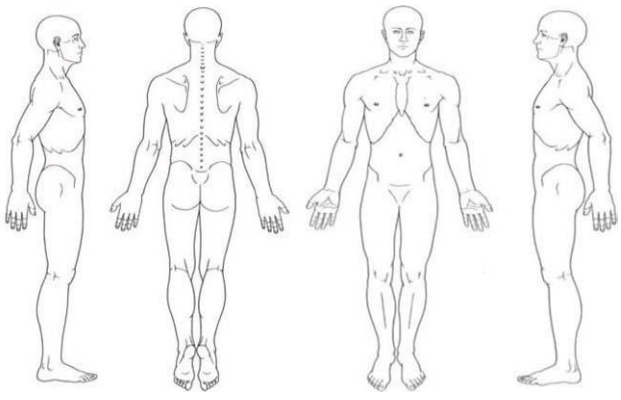
Circle the activity/activities that cause the most discomfort:

Lifting	Bending	Standing
Walking	Stairs	Running
Sitting	Laying down	

Other:_____

How would you describe your pain:

Sharp or stabbing	Pins & Needles
Dull or Aching	Numbness



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Referral Source

How or from whom did you hear about Community Chiropractic? _____

Primary Care Provider Information

By providing us with your primary care physician, you give us consent to release information to the name listed below, if necessary.

Primary Physician's Name: _____ Location: _____

Informed Consent

Chiropractic Physicians and Medical Doctors using manual therapy treatments for patients are required to explain that there have been rare cases of injury to a vertebral artery as a result of treatment. Such an injury has been known to cause stroke, with occasional neurological damage. *The chances of this happening are estimated to be approximately 1 per 500,000 treatments to 1 per 10 million treatments.*
Appropriate tests will be performed to help identify if you may be susceptible to this type of injury. You will be notified if this is the case. If you have any questions about this, please do not hesitate to speak with Dr. Koch or Dr. Ladeairous. As with any health procedure, there are certain complications that may arise during a chiropractic treatment. These complications include soreness, soft tissue injuries, sprains/strains or physiotherapy burns. These complications are extremely rare occurrences.
By signing below, you state that you have read and understand the above statement and hereby authorize Dr. Koch or Dr. Ladeairous to give care that is reasonable by today's standards.

Notice of Privacy Practices

By signing below, you state that you were provided Community Chiropractic Spine & Sport's Notice of Privacy Practices (NPP) written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information.
I understand that Community Chiropractic Spine & Sport reserves the right to change the terms of the NPP and make changes regarding all protected health information at or controlled by this practice. If changes to the policy occur, the practice will provide me with a revised NPP upon request.

Patient's Signature: _____ Date: _____