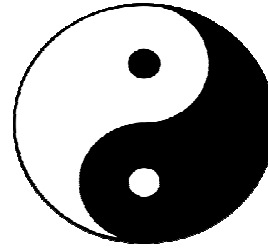


## Healthy Moose Chiropractic & Wellness Clinic

*Welcome!! We are honored to have you here in our office and to have been selected as partners in your journey toward a healthier lifestyle. Our practice is based in part on our own personal experiences as patients and the principles of traditional and modern chiropractic, ancient oriental medicine, rehabilitative massage and exercise and modern nutritional supplements. Our staff consists of **Dr. Matt Storey** – Chiropractor and Certified in Acupuncture & Fellow of the International Academy of Medical Acupuncture, **Mari Storey** – Registered Nurse & Nationally Certified Massage Therapist, **Janet Morgan** – Front Office and Chiropractic Assistant and **Lorraine Larsen** – Nutritional Consultant & Chiropractic Assistant, **Dave Morgan** - Counselor. Before you begin consultation and treatment we would like to point out a few things that may be new to you.*

- Our specialties include: Migraines, Headaches, Neck Pain, Chronic Pain, Personal Injuries and low force and non-force adjusting.
- No one should “ just try” chiropractic or acupuncture once or twice – healing takes time. Please allow your body the time it needs for accumulative treatments to take affect.
- One adjustment is not likely to make everything better. Similar to braces, numerous adjustments are usually needed to maintain and hold corrections.
- Pain is the last thing that occurs with a problem or weakness; it is usually the first thing to leave....but the problem still may exist....correction will need to continue beyond just pain relief.
- Be honest on the health questionnaire and other health data we request; your honesty will help us to better formulate your treatment plan.
- Your treatment plan is a unique plan designed just for you. Please understand that we do everything we can to “forecast” your health, but your cooperation in following our recommendations is also crucial to the success of this “forecast” and your health.
- We do not base your care on your financial position or what your insurance will pay.
- Ask questions when you don’t know or understand. (I may seem like a mind reader...but I’m not).
- We do try to stay on time and we ask the same of you, but we also understand that things do come up; we would also ask that you understand that healing doesn’t always conform to the clock on the wall.
- We are not “ANTI” anything, we are “Pro Health & Wellness”.



Healthy Moose Chiropractic & Wellness Clinic

422 4<sup>th</sup> Street • Alamosa, CO 81101

(719) 589-9639 • (719) 218-9770 fax

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Name:** \_\_\_\_\_

LAST

FIRST

MI

What You Prefer To Be Called: \_\_\_\_\_  Male  Female

**Mailing Address:** \_\_\_\_\_

CITY

STATE

ZIP

Home Phone #: \_\_\_\_\_ Work Phone# \_\_\_\_\_

CellPhone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Employer:** \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address: \_\_\_\_\_

CITY

STATE

ZIP

Occupation: \_\_\_\_\_

Status:  Minor  Single  Married  Divorced  Separated  Widowed

Spouse's Name: \_\_\_\_\_

Do you have children?  Yes  No How many? \_\_\_\_\_

Would you consider yourself a ..... Pain patient \_\_\_\_ Wellness patient \_\_\_\_

Have you been in an accident recently? Y N Long time ago? Y N

***IN EVENT OF EMERGENCY***

Who should we contact? \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Who is your Medical Doctor? \_\_\_\_\_ M.D.'s Phone # \_\_\_\_\_

## **INSURANCE INFORMATION**

We are currently **not accepting** private healthcare insurance. **We are not on any HMO plans.** **We are not in-network** with any insurance plans. We **do** accept **Medicare** as a non-participating provider. We cannot accept **Medicaid** in this state. **Medicare** does not cover the initial visit, or x-rays. Additionally they do not cover acupuncture, heat, electrical stimulation or other modalities. Most healthcare insurance do not cover acupuncture. Medicare will only cover the chiropractic adjustment.

If you have health insurance we will provide you with a superbill that can be submitted to your insurance company, so that they can reimburse you directly.

## **PAYMENT INFORMATION**

We accept Mastercard, Visa, Discover, Cash, Check and Care Credit.

We aim to provide the best care and make life easy for all of our patients, therefore we would like to offer two options of payment:

- **Payment at Time of Service:** This program allows you to share in the savings of the reduced overhead costs. If you have insurance, we will provide you with a receipt and you will be able to submit for re-imburement from your insurance company.
- **Full Payment of proposed Treatment Plan:** By choosing this option we will offer a larger discount for those that pre-pay for services for an additional 10 to 17.5% off of the time of service price. To aid in those that would like to take advantage in this plan we offer a credit plan that offers zero interest payment plans, called CareCredit. This option is available after the initial visit.

Our standard fee for a new patient comprehensive chiropractic examination is **\$150**. We will discount this amount to **\$75** for a payment at Time of Service.

X-rays if taken are **\$40** per view, we usually take 3 to 4 views.

## **MEDICARE**

- At the present time Medicare will only reimburse for chiropractic adjustments. They currently only reimburse at an amount of \$27, we therefore require a co-insurance payment of **\$25** for the adjustment. Acupuncture is not a covered service from Medicare and must be an out of pocket payment of **\$15** in addition to the co-insurance amount of **\$25**.

Included in the Chiropractic Visit are Heat or Ice + Color Therapy

Separate Charges for Acupuncture, Kinesio Taping, Laser, Electrical stim and Re-Exams

Chiropractic - **\$45**    Acupuncture - **\$45**

Same visit - Two for - **\$60**

Re-Exams - **\$25** (EMI / Spinal Scans)

Cold Laser Therapy (6 min or more) or  
Electrical Stimulation + Heat lamp - **\$15**

Kinesio Taping - **\$15 - \$30**

## Signs & Symptoms

Do you have vertigo (dizziness)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pass out easily (faint or loss of consciousness)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have double vision or have you lost sight in one eye? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any slurred speech or difficulty with speech? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any difficulty walking, with coordination or falling to one side? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have nausea or vomiting? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have numbness on one side of your face or body? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any visual disturbances or rapid eye movement? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have or have you ever had difficulty in arranging words properly? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a headache or head pain that is unlike any you have had before? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have headaches for hours or days? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a history of stroke in your family? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have chest pain? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had cancer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a hard time sleeping? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you sleep on your stomach primarily or often? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pain ever wake you from a sound sleep? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you losing weight without trying? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you coughing up blood or noticing it in your stools or urine? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have indigestion or difficulty swallowing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any change in bowel or bladder habits? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a sore that does not heal? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any unusual bleeding or discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any thickening in your breasts or elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a change in any wart or mole? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a nagging cough or hoarseness? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have night sweats? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you grind your teeth at night? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your jaw pop? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have pain in neck, jaw or face? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a drooping eyelid or change in your pupils? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any ringing in your ears? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you take birth control pills? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your cycles regular (28-30 days) ? Yes \_\_\_\_\_ No \_\_\_\_\_

What prescription medication are you taking if any?

High blood pressure medication     Blood thinners     Anti-depressants

Other \_\_\_\_\_

Herb, vitamins, or over the counter products

Do you feel that nutrition or nutritional supplements are of benefit to your health and healing? Y N

Are you interested in professional quality pharmaceutical grade nutrition supplements? Y N

How old is your pillow? \_\_\_\_\_

How old is your mattress? \_\_\_\_\_

Have you had any loss of bladder or bowel control? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you lost consciousness or had double vision recently? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeing any other doctor now for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

For what condition: \_\_\_\_\_

Are you taking any medication or over-the-counter drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate type (aspirin, etc.) \_\_\_\_\_

Are you taking herbs, nutraceuticals, botanicals, or vitamins? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list \_\_\_\_\_

TOBACCO Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how often \_\_\_\_\_

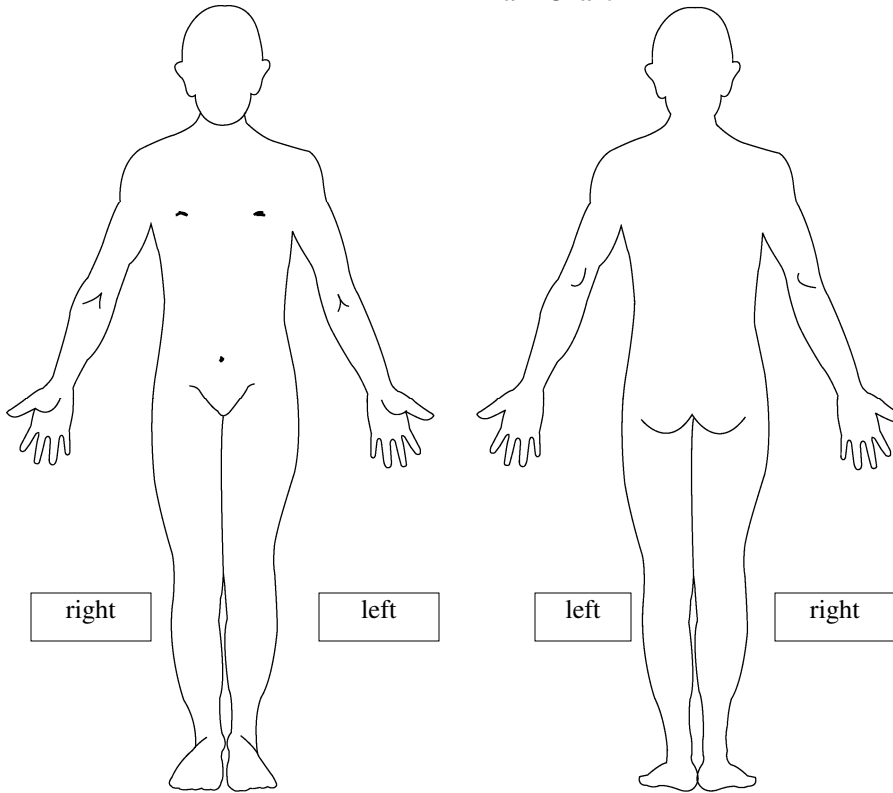
ALCOHOL Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how often \_\_\_\_\_

COFFEE Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many cups \_\_\_\_\_

Mark the areas on this body where you have concerns.  
 Include all concerned areas.

Please mark on the pain scale from **0 to 10** the pain you feel with this condition.  
 10 being the worst pain you have felt with this condition.

**Pain Chart**



*Neck-Shoulder-Arm-Pain*  
 On a scale of zero to 10, I rate my discomfort as follows:  
 ( \_\_\_\_\_ )  
**0** **10**  
**no pain** **severe pain**

**Mid Back Pain**  
 On a scale of zero to 10, I rate my discomfort as follows:  
 ( \_\_\_\_\_ )  
**0** **10**  
**no pain** **severe pain**

*Low Back and Leg Pain*  
 On a scale of zero to 10, I rate my discomfort as follows:  
 ( \_\_\_\_\_ )  
**0** **10**  
**no pain** **severe pain**

What are your goals / expectations for your care-treatment plan?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

**It is important to remember that healing takes time! Some problems can be corrected in a few visits with minor adjustments, other problems can be more intensive with more frequent visits and different types of tests, adjustments and modalities.**



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422 4<sup>th</sup> Street ♦ Alamosa, CO 81101 ♦ (719) 589-9639

**INFORMED CONSENT**

Chiropractic, as well as other types of health care, is associated with potential risks in the delivery of treatment. Therefore, it is necessary to inform the patient of such risks prior to initiating care. While Chiropractic treatment is remarkable safe, you need to be informed about the potential risks related to your care to allow you to be fully informed in contesting to treatment.

**Specific Risk Possibilities Associated with Chiropractic Care are:**

**Stroke:** Stroke is the most serious complication of Chiropractic treatment. It is rare. According to the journal of CCA, vol. 37, no. 2, June 1993, recent studies estimate the risk of this type of stroke is 1 in every 3 million upper cervical adjustments. Vertebral arteries, which supply the brain with blood, are located within the bones of the upper spine. Therefore, cervical treatment poses a small risk for a stroke, which is temporary or permanent brain dysfunction. On extremely rare conditions, death occurs.

**Soreness:** Chiropractic adjustments are sometimes accompanied with post treatment soreness. This is normal, but please advise your doctor of Chiropractic of the soreness.

**Soft Tissue Injury:** Occasionally, Chiropractic treatment may aggravate a disc injury, or cause minor joint, ligament, tendon, or other soft tissue injury.

**Rib Injury:** Manual adjustments to the thoracic spine, in rare cases, may cause rib injury or fracture. Precautions such as pre-adjustment X-rays are taken in cases considered at risk. Treatment is performed carefully to minimize such risk.

**Physical Therapy Burns:** Heat generated by physical therapy modalities can cause minor burns to the skin. These are rare, but should be reported, as well as other side effects you may be experiencing.

Chiropractic is a system of health care delivery and therefore, as with any health care delivery system, we cannot promise a cure for any symptoms, condition, or disease. An attempt to provide the best Chiropractic care is our goal, and if the results are not successful, we will refer you to another health care provider. If you have any questions, please ask your Doctor.

**Having carefully read the above, I hereby give my informed consent to have  
Chiropractic treatment administered.**

\_\_\_\_\_  
Printed name/ Date

\_\_\_\_\_  
Signature