Chapman Chiropractic Center, Karen A. Proescholdt, D.C.
1025 E Chapman Avenue, Orange, Ca 92866, 714-639-4655

Patient Name:____

Referred By:____

Have you seen a chiropractor before? YES / NO If yes, date of last treatment.____________________

EMERGENCY CONTACT

Emergency Contact:________________________________ Phone:____________________

Address:____

Relationship to Patient:____

X-RAY

Have you ever been X-Rayed before? YES / NO

If YES, When?_________________________ What parts? ______________________________

First day of last menstrual period:______________________________

Is there a possibility that you may be pregnant? **YES / NO**

Our consultation and examination findings may indicate that radiographic films may be required to accurately diagnose your spinal condition.

At times it will be necessary to send out your X-ray films for a second opinion. There is a $40.00 fee for each area of the body that is x-rayed and sent out. (Ex: $40 for 2 views of the neck to be analyzed, $80 for 2 views of the neck and 2 views of the lower back).

I understand and agree to this policy . **Signature:**________________________________ **Date:**____________________

______ Check here and sign if you do **NOT** want x-rays to be taken **Signature:**____________________ **Date:**____________

HIPPA NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of, and provide individuals with, the notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at our Main Phone Number.

If you would like to read, or receive a copy of the entire HIPPA Privacy Notice, please ask at the front desk.

Signature below is only acknowledgement that you have received this notice.

Signature:__________________________________ **Date:**__________________________

Regarding my visits and account(s)

-The office may leave **voice** or **text** messages, at phone #(s):_________________________

____

-A **message** may also be left with the following people:____

____

-An **e-mail** message may be left at the address on file, or at:____

Signature:__________________________________ **Date:**__________________________