# **New Patient Health History Form**

In order to provide you the best possible chiropractic wellness care, please complete this form and bring it to your first appointment. All information is strictly CONFIDENTIAL.

Patient Dat	ta						
Name			_ Date _		Your email will	NOT be shared w	vith any 3d parties, and is scements and promotions.
Mailing ad	dress						
Address				City		State	Zip
Telephone	(work)		(home)		Referred B	У	
Age	Birth date _		Social Sec	urity#_		_ Numbe	r of children
Occupation			Em	nployer			
Marital Status	s	Spouse's r	name		Spouse	e's Occupatio	on
Spouse's emp	ployer		Sp	ouse's he	alth status		
Emergency c	ontact				Ph	one	
Current Co	omplaints						
Nature of inju	ry: Automobile*	☐ Work ☐ C	Other 🗌				
Please descri	ibe						
Date of injury		Date s	vmptoms ap	peared			
	ctioners seen fo						
	er been under ch						
•	describe	•					
7 / 1							
Insurance	Information						
Name of part	y responsible fo	r payment			Ph	one	
-	health insurance						
* If an auto a	ccident please p	rovide:					
Insurance cor	mpany name _				Contact persor	l	· · · · · · · · · · · · · · · · · · ·
Billing Add	dress						
Name of the i							
ramo or are r							
Lunderstan	d and agree that	t health/accide	nt insurance	nolicies a	re an arrangem	ent hetween	an insurance carrier
	I understand and agree that health/accident insurance policies are an arrangement between an insurance carrier						
•	and myself. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment, any fees for professional ser-						
	red to me will be				y care/treatmen	it, arry lees it	or professional ser-
Patient's sign	ature					Date	
Spouse's or g	guardian's signa	ture					

Medical History							
Have you been treate	ed for an	y conditions	s in the last y	/ear? □	No ☐ Yes		
If yes, please describ	oe						
Date of last physical	exam _		Is there	a chance	that you are pregnant? 🗌 No 🔲 `	Yes	
•			-				
What medications ar	e you tak	king and for	what conditi	ions (Plea	se list dosage and amounts, etc).		
What vitamins, miner	rals, or h	erbs do you	u currently ta	ke? (Plea	se list for what condition, dosage,	and freq	uency).
Have you ever:		No	Yes	В	riefly Explain		
Broken bones?							
Been hospitalized?							
Been in an auto acci							
Had Sprains/Strains?							
Been struck unconso	ious?						
Had surgery?							
Family History							
Family Member	Prese	ent and past	health condit	tions (Exa	mple: heart disease, cancer, diabetes	s, arthritis	s, etc.)
Habits:	None	Light	Moderate	Heavy		Yes	No
Alcohol					Do you experience pain every day?		
Coffee					Do your symptoms interfere with daily life?		
Tobacco					Does pain wake you up		
Drugs					at night? Are your symptoms worse		Ш
Exercise					during certain times of the day?		
Sleep					Do changes in weather		
Appetite					affect your symptoms?  Do you wear orthotics?		
Soft Drinks					Do you take		
					vitamin supplements? What activities aggravate		
Salty Foods					your symptoms?		
Sugary Foods							
Artificial Sweeteners							

#### Have you ever suffered from:

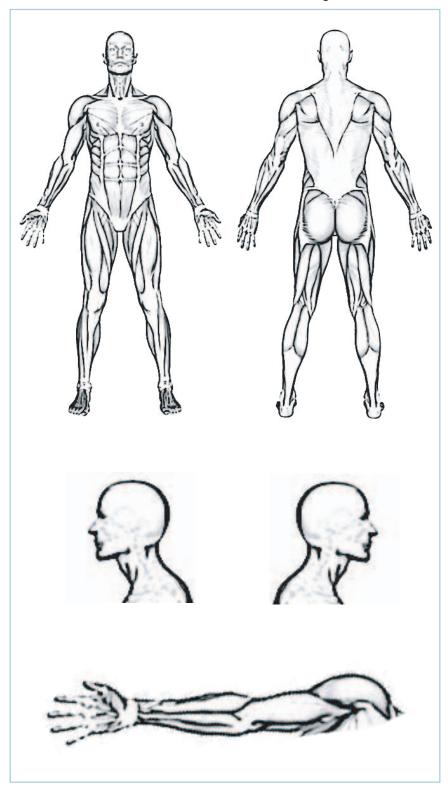
Alcoholism   Allergies   Anemia   Arteriosclerosis   Arthritis   Asthma   Back Pain   Breast lump   Bronchitis   Bruse Easily   Cancer   Chest Pain/Conditions   Cold extremities   Constipation   Cramps   Depression   Diabetes   Digestion Problems   Dizziness   Ears Ring   Excessive Menstruation   Eye Pain/Difficulties   Frequent Urination   Headache   Hemorrhoids   High Blood Pressure   Hot Flashes   Irregular Cycle   Kidney Infection   Kidney Stones   Diaso of memory   Dess of sate   Lumps In Breast   Neck Pain or Stiffness   Nervousness   Nosebleeds   Pacemaker   Polio   Poor Posture   Prostate Trouble   Sciatica   Shortness of breath   Sinus Infection   Sleep problems/insomnia   Spinal Curvatures   Swollen Joints   Thyroid Condition   Tuberculosis   Ulcers   Varicose Veins   Venereal Disease   Other:   University   Venereal Disease   Other:   Venereal Disease   Other   Venereal Disease   Other:   Venereal Disease   Other   Venereal Di	Have you ever suffered fro	m:
Anemia	Alcoholism	
Arteriosclerosis	Allergies	
Asthma	Anemia	
Asthma Back Pain Breast lump Bronchitis Bruise Easily Cancer Chest Pain/Conditions Cold extremities Constipation Cramps Depression Diabetes Digestion Problems Dizziness Ears Ring Excessive Menstruation Eye Pain/Difficulties Fatigue Frequent Urination Headache Hemorrhoids High Blood Pressure Hot Flashes Irregular Heart Beat Irregular Cycle Kidney Infection Kidney Stones Loss of memory Loss of balance Loss of smell Loss of taste Lumps In Breast Neck Pain or Stiffness Nervousness Nosebleeds Pacemaker Polio Poor Posture Prostate Trouble Sciatica Shortness of breath Sinus Infection Sleep problems/insomnia Spinal Curvatures Stroke Swelling of ankles Swollen Joints Thyroid Condition Tuberculosis Ulcers Varicose Veins Venereal Disease	Arteriosclerosis	
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Breast lump	Asthma	
Breast lump	Back Pain	
Bronchitis Bruise Easily Cancer Chest Pain/Conditions Cold extremities Constipation Cramps Depression Diabetes Digestion Problems Dizziness Ears Ring Excessive Menstruation Eye Pain/Difficulties Fatigue Frequent Urination Headache Hemorrhoids High Blood Pressure Hot Flashes Irregular Heart Beat Irregular Cycle Kidney Infection Kidney Stones Loss of memory Loss of balance Loss of smell Loss of taste Lumps In Breast Neck Pain or Stiffness Nervousness Nosebleeds Pacemaker Polio Poor Posture Prostate Trouble Sciatica Shortness of breath Sinus Infection Sleep problems/insomnia Spinal Curvatures Stroke Swelling of ankles Swollen Joints Thyroid Condition Tuberculosis Ulcers Varicose Veins Venereal Disease	Breast lump	
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Chest Pain/Conditions         □           Cold extremities         □           Constipation         □           Cramps         □           Depression         □           Diabetes         □           Digestion Problems         □           Ears Ring         □           Excessive Menstruation         □           Eye Pain/Difficulties         □           Fatigue         □           Frequent Urination         □           Headache         □           Hemorrhoids         □           Hot Flashes         □           Irrequent Urination		
Cold extremities  Constipation  Cramps  Depression  Diabetes  Digestion Problems  Dizziness  Ears Ring  Excessive Menstruation  Eye Pain/Difficulties  Fatigue  Frequent Urination  Headache  Hemorrhoids  High Blood Pressure  Hot Flashes  Irregular Heart Beat  Irregular Cycle  Kidney Infection  Kidney Stones  Loss of memory  Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
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Cramps         □           Depression         □           Diabetes         □           Digestion Problems         □           Dizziness         □           Ears Ring         □           Excessive Menstruation         □           Eye Pain/Difficulties         □           Fatigue         □           Frequent Urination         □           Headache         □           Hemorrhoids         □           High Blood Pressure         □           Hot Flashes         □           Irregular Heart Beat         □           Irregular Cycle         □           Kidney Infection         □           Kidney Infection         □           Loss of memory         □           Loss of balance         □           Loss of smell         □           Loss of sate         □           Lumps In Breast         □           Neck Pain or Stiffness         □           Nervousness         □           Nosebleeds         □           Pacemaker         □           Polio         □           Poor Posture         □           Prostate Trouble<		
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Excessive Menstruation  Eye Pain/Difficulties  Fatigue  Frequent Urination  Headache  Hemorrhoids  High Blood Pressure  Hot Flashes  Irregular Heart Beat  Irregular Cycle  Kidney Infection  Kidney Stones  Loss of memory  Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Excessive Menstruation  Eye Pain/Difficulties  Fatigue  Frequent Urination  Headache  Hemorrhoids  High Blood Pressure  Hot Flashes  Irregular Heart Beat  Irregular Cycle  Kidney Infection  Kidney Stones  Loss of memory  Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Venereal Disease		
Eye Pain/Difficulties  Fatigue  Frequent Urination  Headache  Hemorrhoids  High Blood Pressure  Hot Flashes  Irregular Heart Beat  Irregular Cycle  Kidney Infection  Kidney Stones  Loss of memory  Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	-	
Frequent Urination		
Frequent Urination Headache Hemorrhoids High Blood Pressure Hot Flashes Irregular Heart Beat Irregular Cycle Kidney Infection Kidney Stones Loss of memory Loss of balance Loss of smell Loss of taste Lumps In Breast Neck Pain or Stiffness Nervousness Nosebleeds Pacemaker Polio Poor Posture Prostate Trouble Sciatica Shortness of breath Sinus Infection Sleep problems/insomnia Spinal Curvatures Stroke Swelling of ankles Swollen Joints Thyroid Condition Tuberculosis Ulcers Varicose Veins Venereal Disease	Eye Pain/Difficulties	
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Hot Flashes   Irregular Heart Beat   Irregular Cycle   Kidney Infection   Kidney Stones   Loss of memory   Loss of balance   Loss of smell   Loss of taste   Lumps In Breast   Neck Pain or Stiffness   Nervousness   Narvousness   Navousness   Pacemaker   Polio   Poor Posture   Prostate Trouble   Sciatica   Shortness of breath   Sinus Infection   Sleep problems/insomnia   Spinal Curvatures   Stroke   Swelling of ankles   Swollen Joints   Thyroid Condition   Tuberculosis   Ulcers   Varicose Veins   Venereal Disease   Irregular Sinus   Venereal Disease   Irregular Sinus   Irregular Sinus   Venereal Disease   Irregular Sinus   Irregular Sin		_
Irregular Heart Beat Irregular Cycle Kidney Infection Kidney Stones Loss of memory Loss of balance Loss of smell Loss of taste Lumps In Breast Neck Pain or Stiffness Nervousness Nervousness Nosebleeds Pacemaker Polio Poor Posture Prostate Trouble Sciatica Shortness of breath Sinus Infection Sleep problems/insomnia Spinal Curvatures Stroke Swelling of ankles Swollen Joints Thyroid Condition Tuberculosis Ulcers Varicose Veins Venereal Disease	High Blood Pressure	
Irregular Cycle Kidney Infection Kidney Stones Loss of memory Loss of balance Loss of smell Loss of taste Lumps In Breast Neck Pain or Stiffness Nervousness Nervousness Nosebleeds Pacemaker Polio Poor Posture Prostate Trouble Sciatica Shortness of breath Sinus Infection Sleep problems/insomnia Spinal Curvatures Stroke Swelling of ankles Swollen Joints Thyroid Condition Tuberculosis Ulcers Varicose Veins Venereal Disease	Hot Flashes	
Kidney Infection  Kidney Stones  Loss of memory  Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Irregular Heart Beat	
Kidney Stones  Loss of memory  Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Irregular Cycle	
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Loss of balance  Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Kidney Stones	
Loss of smell  Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Loss of memory	
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Loss of taste  Lumps In Breast  Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Loss of smell	
Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Loss of taste	
Neck Pain or Stiffness  Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Lumps In Breast	
Nervousness  Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	•	
Nosebleeds  Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	Nervousness	
Pacemaker  Polio  Poor Posture  Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Polio		
Poor Posture Prostate Trouble Sciatica Shortness of breath Sinus Infection Sleep problems/insomnia Spinal Curvatures Stroke Swelling of ankles Swollen Joints Thyroid Condition Tuberculosis Ulcers Varicose Veins Venereal Disease	Polio	
Prostate Trouble  Sciatica  Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Sciatica		
Shortness of breath  Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Sinus Infection  Sleep problems/insomnia  Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Sleep problems/insomnia		
Spinal Curvatures  Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Stroke  Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Swelling of ankles  Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	•	
Swollen Joints  Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Thyroid Condition  Tuberculosis  Ulcers  Varicose Veins  Venereal Disease	•	
Tuberculosis  Ulcers  Varicose Veins  Venereal Disease		
Ulcers  Varicose Veins  Venereal Disease		
Varicose Veins  Venereal Disease		
Venereal Disease		
Other:		
	Other:	

# **Current Complaints (Continued)**

Please use the following letters to indicate TYPE and LOCATION of the symptoms you currently are experiencing.

A=Ache B=Burning N=Numbness

O=Other P=Pins & Needles S=Stabbing



## BAYSIDE CHIROPRACTIC CENTER

1200 Brittan Avenue, San Carlos, CA. 94070

# NOTICE OF PRIVACY PRACTICE AND CONSENT FORM

HIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT OU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS NFORMATION. THESE RIGHTS ARE GIVEN TO YOU UNDER THE HEALTH INSURANCE ORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW IT AREFULLY.

In the course of your care as a patient at Bayside Chiropractic Center, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- ♦ Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, your employer (if they are or may be responsible for the payment of your bills), or your attorney (if they are or may be responsible for the payment of your bills)
- Your name, address, phone numbers, and your health care records may be used by this office to contact you by the following means and regarding the following information:

## By Mail

Patients Name:

(If you would like to receive the following information at an address other than your home address, please advise us in writing)

- ♦ Welcome and Thank You letters to the patients from the Doctor and the Team
- Discharge and non compliance letters to the patient, from the Doctor and Team
- Office visit reminder post cards
- Missed office visit reminder post cards
- Birthday cards with an offer for a free adjustment
- Monthly billing statements and reminder letters, if appropriate
- Newsletters with relevant information and special offers
- Postcards or flyers regarding special events and / or discounts

### By Email

- Newsletters and notices sent by Bayside Chiropractic Center with relevant health information and special events or offers sent to your email address
- ♦ Information requested by you, the patient, and sent by Bayside Chiropractic Center By Telephone
- Reminder calls to your home, office or cell phone from the Doctor or the team where we may leave a message on your answering machine
- Progress / evaluations calls to your home, office or cell phone from the Doctor or team to inquire about your reaction to treatment and / or your state of health; a message may be left on your answering machine.
- Inquiry calls may be made to your home, office or cell phone from the Doctor or team regarding billing and accident information, and any other category of information needed to enhance the billing and report process; a message may be left on your answering machine.
- If you do not wish to be contacted at your work, please advise us in writing

You have the right to inspect or obtain a copy of the information we will use for these purposes. You have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances;

- If we are providing health care services to you based on the orders of another health care provider
- If we provide health care services to you in an emergency.
- ♦ If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so
- If there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care
- If we are ordered by the courts or anther appropriate agency

Any use or disclosure of your protected health information, other than as described in the examples outlined above, will only be made upon your written authorization.

You have the right to inspect and / or copy your health information for seven years from the date that the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are further required by state and federal law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person or persons to who we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities, you should direct your complaint to:

Bayside Chiropractic 1200 Brittan Avenue San Carlos, CA. 94070

	This notice, and any years after the date upon which the record valerstand and received a copy of this notice.	vas created. My				
N (I · · · · ·	Ci	Data				
Name (please print)	Signature	Date				
If you are a minor, or if you are represented by another party						
Personal Representative (please print)	Personal Representative Signature	Date				
Description of Authority to Act on Behalf of	of the Patient					