

WELCOME TO HEALTH QUEST CHIROPRACTIC

Name:		Today's Date:	
What You Prefer to be Called:			
Mailing Address:		City:	Zip:
Home Phone:	Work Phone:	Cell:	
Email Address (for the doctors weekly wellness tip):			
Birth Date:	Age:	Name of your MD:	MD Phone:
SS#	How did you learn about our office?		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Spouse's Name:			
Name and Ages of Children:			
Patient's Employer/Business:		Occupation:	
Recent Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Chiropractic Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approximate Last Visit Date:	

Please check reasons for pursuing chiropractic care:

- I'm continuing ongoing care from another chiropractor.
- I'm interested in wellness and natural health care.
- I'm concerned about my health and I'm looking for answers.
- I want to improve my immune function.
- I have no idea why I'm here. Please take the time to explain to me what you do.
- I have a specific condition that concerns me.

Explain condition or symptom:

Please list any chronic health diagnoses that you have been given that we should be aware of.

If you take prescription medications, please let us know the conditions for which you take the medication. (We do not need to know the name of the medication at this time.)

The Stress Test:

The following areas of stress can cause mis-aligned vertebrae (subluxation). Which of these stresses do you recognize from your life currently or from your childhood?

Physical/Emotional/Chemical Stress:

- | | |
|--|--|
| <input type="checkbox"/> Birth Trauma | <input type="checkbox"/> Slips/Falls |
| <input type="checkbox"/> Car Accidents | <input type="checkbox"/> Sports Injuries |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Poor Posture |
| <input type="checkbox"/> Work Injuries | <input type="checkbox"/> Sitting on a Wallet |
| <input type="checkbox"/> Sleeping on Stomach | <input type="checkbox"/> Extensive Computer Work |
| <input type="checkbox"/> Carrying Heavy Purse/Backpack/Child | <input type="checkbox"/> Repetitive Lifting/Bending |
| <input type="checkbox"/> Driving for Many Hours | <input type="checkbox"/> Continuous Hours Sitting/Standing |
| <input type="checkbox"/> Children Stress | <input type="checkbox"/> Career Stress |
| <input type="checkbox"/> Relationship Stress | <input type="checkbox"/> Concealed Feelings |
| <input type="checkbox"/> Quick Tempered | <input type="checkbox"/> Smoker/Second Hand Smoke |
| <input type="checkbox"/> Poor Diet/Excessive Sugar | <input type="checkbox"/> Caffeine |
| <input type="checkbox"/> Artificial Sweeteners | <input type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Over-the-Counter Drugs (ex. Tylenol/Motrin) | |

THERE IS A CHANCE I MAY CURRENTLY BE PREGNANT.

YOUR THOUGHTS ARE CRITICAL TO OUR SUCCESS IN HELPING YOU

Your nervous system is the master system and controller of your body. Health and wellness are therefore mediated through your nervous system. What makes our office different, is that we have a unique and modern approach to supporting and expanding your health by improving how your nervous system performs. The Neurospinal Function Index (NSFi), which is the rating of results of the series of tests with the Insight technology that your doctor had ordered on you, scales from 0-100. The higher the score, the better your NSFi. A graph representing this is below.

Lifestyle stress adversely effects your nervous system and general health. Many times, when people think they have a 'back problem', what they really have is a 'health problem' that is a result of the way they are living.

Please answer the following questions so we may better understand how to help you:

1. On a scale of 1 to 10 (10 being the most important) how important is your health to you?

On the graph to the right:

2. Please put an 'X' to score where you think you are today.

3. Please circle where you would like to be (your goal).

4. How long do you think it might take to get to where you circled? _____

5. What things might you need to change to help you reach your goal?

a: _____

b: _____

c: _____

d: _____

6. If we could make recommendations that would not only address your main concerns, but could also help you with improving your overall health, would you like to hear them? _____ yes _____ no

**NeuroSpinal
Function
Index (NSFi)**



Informed Consent for Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. **Health** is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a **vertebral subluxation**. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/or reduced by an **adjustment**. An adjustment is the specific application of forces to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and/or rehabilitative procedures may be included.

I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

Print Name

Signature

Date

Disclosures

- Your signature verifies that the information given in this form is complete and correct and that you accept, if eligible, chiropractic care on this basis.
- If my case is accepted by Health Quest, chiropractic adjustments will be performed in our adjusting area, where others may be receiving adjustments. I understand and consent to this form of care.
- I consent to have my spouse/significant other present during my report of findings.

Signature

Date

Pregnancy Release:

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

Date of last menstrual cycle: _____

Signature

Date

Medicare Patients:

Patient's or Authorized Person's Signature-I authorize the release of any medical or other information necessary to Medicare. I also request payment of government benefits to myself or to the party who accepts assignment below. I am aware that Medicare may deny coverage of care and I agree to pay for services not covered by Medicare. It is our experience that Medicare views us as a wellness practice and does not cover or contribute to care in our office.

Date

Signature

Directions to Health Quest Chiropractic

505-343-6120 visit us on the web www.newmexicochiro.com

Our office is located at **3824 Masthead NE**, west of Jefferson in the Journal Center 2 complex.
The red balloon with an "A" on the map below is where our office is located.



From I25 (northbound)

Take the San Antonio/Ellison exit and go left (west) onto Ellison. Jefferson is the second traffic light; turn right (north). Turn left (west) on Masthead, the first traffic light. Continue straight through the traffic circle. The road will curve to the left. Approximately 2 long blocks down you will see Health Quest on the left. Look for the one story building with the red framed windows.

From I25 (southbound):

Take the San Antonio/Ellison exit, and go right (west) on Ellison. Jefferson is the first traffic light; turn right (north). Turn left (west) on Masthead, the first traffic light. Continue straight through the traffic circle. The road will curve to the left. Approximately 2 long blocks down you will see Health Quest on the left. Look for the one story building with the red framed windows.

From West side:

Take Paseo del Norte east to Jefferson (just before I-25). Turn right (south) on Jefferson. Masthead is the first traffic light; turn right (west). Continue straight through the traffic circle. The road will curve to the left. Approximately 2 long blocks down you will see Health Quest on the left. Look for the one story building with the red framed windows.