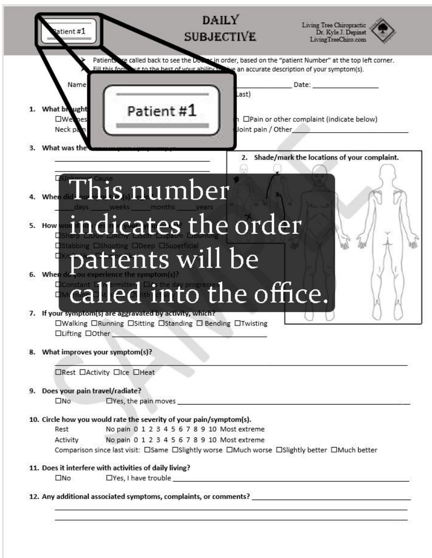
Intake Paperwork
Dr. Kyle J. Depinet
1050 S. Main St. Willard, Oh 44890
www.LivingTreeChiro.com

Living Tree Chiropractic

How The Office Works

Living Tree Chiropractic is an office that provides walk-in friendly appointments. We ask that all patients fill out the following ***New Patient Intake Paperwork*** on their first visit or any visit after a one year absence or a major change in health history. In addition, please fill out the ***Daily Subjective Form*** on every visit. This is a brief questionnaire to ensure the accuracy of patient care and improved efficiency of the office. The form asks patients to provide the reason for their visit and a description of their symptoms. In filling out the provided paperwork, prior to seeing the Doctor, appointments are efficient and problem focused. These forms also help ensure that patients are seen on a first-come, first-served basis. As you can see, in the picture provided, forms are numbered and recycled in order from 1-25. Please draw forms from the top of the deck as this will be the order in which patients are called to be seen by the doctor. Please be advised that ***payment is due at the time of service.*** Payment is accepted in the form of cash, check, credit card and PayPal. For those applicable to receive reimbursement through their Medicare Health Coverage, payment remains due at the time of service. Submission to Medicare will be made by the Doctor and a qualifying reimbursement will be sent directly to the patient. Contact your provider for the possibility of self-submission to other forms of health insurance. In order to self-submit, the necessary paperwork can be provided upon request.



Accepted Forms of Payment

Cash
Check
Credit card (additional 3% fee)
PayPal (additional 3% fee)

Prices

Services		Products	
Adjustment	$30	Biofreeze	$14
Mechanical Massage	$10	PainZone	$14
Muscle Stripping	$10	Ice/Hot pack	$6
Decompression	$15	Custom Orthotics	$200+tax
E-stim therapy	$15	Pillo-Pedic Pillow	$50
Ultrasound therapy	$15	Custom Pillow	$120+tax

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Personal Information

Title (select one): ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Dr.

Name: ____
(Frist) (Middle Initial) (Last)

Address: ____

Phone Number: ( ) -

Email: ____

Date of Birth: / / Age:

Emergency Contact: ____
(First) (Last) (Relationship)

Emergency Contact Phone Number: ( ) -

Social History

Job Description: ____

Majority of my day consists of? ☐Sitting ☐Standing ☐Heavy Labor ☐Light Labor

What hobbies or activities do you regularly participate in? ______________________

How many days a week do you exercise at least 30 minutes? ☐0 ☐1-2 ☐3-4 ☐5-6 ☐7

How would you rate your physical stress? Low 0 1 2 3 4 5 6 7 8 9 10 High

How would you rate your emotional stress? Low 0 1 2 3 4 5 6 7 8 9 10 High

Smoking history: ☐Never a smoker ☐Previous smoker ☐Current smoker (pks/day____) ☐Trying to quit

Alcohol use: # of drinks per ____day ____week

Soda consumption: # of drinks per ____day ____week

Health History

Previous Illnesses:

☐ Cancer
☐ High Blood Pressure
☐ Heart Disease/CHF
☐ Stroke
☐ Diabetes
☐ Headaches
☐ Dizziness
☐ Scoliosis
☐ Rheumatoid Arthritis
☐ Osteoarthritis
☐ Other Arthritis
☐ Osteoporosis
☐ Fibromyalgia
☐ COPD
☐ Eye Problems
☐ Hepatitis
☐ STD (unspecified)
☐ Depression/Anxiety
☐ PTSD
☐ Psychological Disorder (unspecified)
☐ Shingles
☐ Constipation/Diarrhea

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Previous Injuries:

☐ Disabilities
☐ Back Injury
☐ Neck Injury
☐ Fracture/Broken Bones
☐ Severe Falls
☐ Head Injury
☐ Severe Cut/Laceration
☐ Sprain/Strain
☐ Severe Muscle Injury
☐ Motor Vehicle Accident

Surgeries:

Date of Service	Procedure

Additional Health Questions:

Are you pregnant or trying to become pregnant? ☐Yes ☐No
History of cancer? ☐Yes ☐No
Any unexplained weight loss? ☐Yes ☐No
Spinal pain longer than 4 weeks? ☐Yes ☐No
Does pain improve with rest? ☐Yes ☐No
Acute onset of urinary or fecal incontinence? ☐Yes ☐No
Groin numbness? ☐Yes ☐No
Progressive leg weakness? ☐Yes ☐No
Do you wear any form of shoe insert? ☐Yes ☐No
Have you seen a chiropractor before? ☐Yes ☐No

Provide any additional information or clarification to a previous answer:

____
____
____

Family History

Please indicate any serious illnesses or causes of death.

Father	
Mother	
Paternal Grandfather	
Paternal Grandmother	
Maternal Grandfather	
Maternal Grandmother	
Siblings	

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Terms of Acceptance

Informed Consent

To improve function, Living Tree Chiropractic primarily focuses on restoring a proper relationship between the skeletal, muscular, and nervous systems of the body. This relationship will be interpreted by the Doctor of Chiropractic through a chiropractic examination. Discontinuity in these systems may correlate with an abnormality called a "subluxation". A subluxation is a misalignment at a joint that can limit function, damage, and/or irritate tissues of the body. Based on the Doctor's discretion treatment for a subluxation or other abnormalities may include a chiropractic adjustment, physiotherapeutic modalities, nutritional advice, and/or rehabilitative exercises.

Per the patients request to be seen by a healthcare professional at Living Tree Chiropractic and in signing this form the patient grants the office permission to examine, diagnosis, and treat based on the Doctors requests. The patient also permits the office to maintain their health records in accordance with HIPPA guidelines.

Though generally viewed as beneficial and safe, it should be advised that chiropractic care does impose inherent risks. Over a course of treatments patients may experience local or radiating discomfort, headaches, and tiredness. A majority of these side effects have previously been reported as mild or moderate and dissipate within 24 hours. In addition, significantly more rare side-effects include, but are not limited to, burns or frostbite (from certain therapies) and rib fracture (most often in patients with bone altering comorbidities).

In any situation the benefits of treatment must be measured against their inherent risks. It is the responsibility of the patient to disclose any and all known conditions or comorbidities that may interfere or interact with treatment and predispose the patient or staff to injury or illness. In very rare situations, unknown and underlying physical defects, deformities, or pathologies can predispose patients to injury. Both the patient and the Doctor hold the right to forgo treatment if at any time the risk appears to outweigh the benefit. In certain situations an alternative chiropractic approach or referral to another healthcare professional may be necessary.

Reference

Senstad O, et al. Frequency and Characteristics of side effects of spinal manipulative therapy. Spine 1997;22:435-41

Communications

If Living Tree Chiropractic deems it appropriate to communicate outside the office it is acceptable to:

Receive a text message ☐Yes ☐No Receive an email ☐Yes ☐No
Receive a message on a home answering device or voicemail ☐Yes ☐No

Discuss my condition with:

Spouse:_______________________________________

Children:_______________________________________

Other:____

Notice of Privacy Practices

I hereby acknowledge that a copy of the "Notice of Privacy Practices for Living Tree Chiropractic" has been provided to me. I have been given the opportunity to discuss my right to privacy.

Acknowledgment

I hereby acknowledge that I have read the preceding Terms of Acceptance and fully understand and agree to the terms of care at Living Tree Chiropractic.

Patient's Signature:______________________________________ Date:_____________

For patients under the age of 18:

Name of Minor:_____________________________________

As legal guardian of the above minor I acknowledge that I have read the preceding terms and grant permission for he/she to receive chiropractic care

Parent/Guardian's Signature:______________________________________ Date:_____________

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