Blain Segura, D.C.

SEGURA FAMILY CHIROPRACTIC

772 780-3037
1300 NW Federal Hwy,
Stuart FL, 34994

HEALTH HISTORY

Date ____ / ____ / ____

Name

Date of Birth ____ Age ____ Occupation ____

Are you here because of: AUTO ACCIDENT? ☐ Yes ☐ No WORK INJURY? ☐ Yes ☐ No

Chief Complaint

Please describe your present complaint(s) ____

When did it begin? ____ The onset was: ☐ Sudden ☐ Gradual

Has this occurred before? ☐ Yes ☐ No If yes, when? ____

Is your problem: ☐ Getting Worse ☐ Getting Better ☐ Staying the Same

Have you had chiropractic care in the past? ☐ Yes ☐ No

If yes, with whom? ____ Approx. Date of Last Visit ____

Primary Care Physician ____ Approx. Date of Last Visit ____

Have you seen your medical doctor for this condition? ☐ Yes ☐ No

What, if any other treatments, have you tried for this condition? ____

Does anything help decrease your symptoms? ____

Check any of these activities that increase your pain:

☐ Bending ☐ Standing ☐ Sitting ☐ Lying Down

☐ Lifting ☐ Walking ☐ Coughing ☐ Straining with bowel movement

☐ Driving in Car ☐ Rising from a seated position ☐ Other ____

Lifestyle Restrictions

Are you more irritable due to this condition? ☐ Yes ☐ No

Have you missed any work due to this condition? ☐ Yes ☐ No If yes, how long? ____

Does the pain interfere with your sleep? ☐ Yes ☐ No

Are you unable to perform any of these activities?

☐ Yard work ☐ Recreation ____ ☐ Cleaning the House ☐ Other ____

Past Health History

Major Surgeries? ☐ Yes ☐ No Describe ____

Previous Auto Accidents or Injuries ____

Any Hospitalizations in the past 5 years? ____

Have you ever been diagnosed with any of the following?

High Blood Pressure ☐ Yes ☐ No Diabetes ☐ Yes ☐ No

Stroke, TIA, Heart Disease ☐ Yes ☐ No Cancer ☐ Yes ☐ No

Pertinent family history? ____

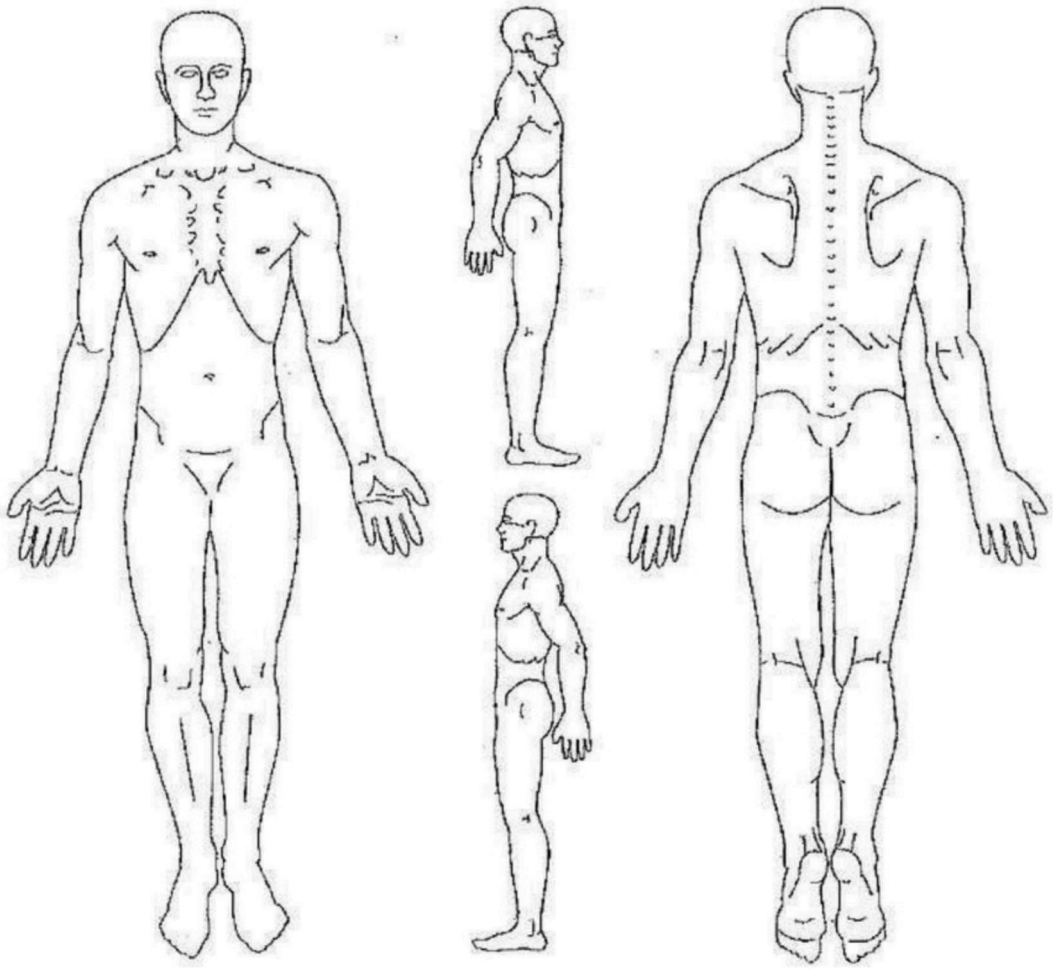
Any other health problem(s) not listed? ____

Are you currently taking any medications? ☐ Yes ☐ No ____

Please draw the location of your pain or discomfort on the images below.
Use the symbols shown to represent the type(s) of pain:

D=Dull **B**=Burning **N**=Numb **S**=Sharp/Stabbing **T**=Tingling **C**=Cramping

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Please rate your current level of pain by circling a number:

0	1	2	3	4	5	6	7	8	9	10
No Pain		Low		Moderate				Intense		Emergency

Using this scale, over the last 30 days the pain has been:

At Worst ____

At Best ____

On Average ____

PATIENT INFORMATION - PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

E-mail Address

Patient Name Date of Birth Age

Street & Mailing Address City

State Zip Home Phone Cell Phone

Sex: ☐ Male ☐ Female ☐ Married ☐ Single ☐ Widow(er) ☐ Divorced

Current Employer

Department Work Phone Ok to call at work? Y / N

Spouse, Partner or Guardian Birth Date

Address (if different)

Employer Work Phone

Emergency Contact (person not living with patient)

Relationship to Patient Phone

Is this visit because you have you been injured in an accident? ☐ Yes ☐ No Date of Injury?

If yes, was the accident work related? ☐ Yes ☐ No Was the injury an auto accident? ☐ Yes ☐ No

Have you hired an attorney because of your injury? ☐ Yes ☐ No

If yes: Attorney's Name Phone

If Work-Related: Employer at time of Injury Phone

Please Read Carefully:

Financial Policy: Segura Family Chiropractic is a cash-based, out-of-network practice. We do not bill insurance companies. Payment is due at the time of service unless other arrangements have been made in advance.

Patient Initials

I understand that I am responsible for all costs of my care. If I suspend or stop my schedule of care as recommended by my doctor, any fees for services already provided will be due and payable.

Patient Initials

I authorize the release of any medical records necessary to coordinate my care with other physicians directly involved in my care. It is understood that the doctors within this office have access to each other's records.

Patient Initials

I understand that keeping appointments or canceling them with adequate notice prior to my appointment time is my responsibility. Otherwise, I may be charged a regular office visit fee for missed appointments ("no shows").

Date Patient or Guardian Signature

Informed Consent

Before beginning treatment, it is our office policy to inform you of what to expect, possible complications of chiropractic, as well as other forms of treatment. Remember that all forms of treatment (including non-treatment) have associated risks. **If you have any questions, please ask the doctor.**

WHAT TO EXPECT

The treatment in our office will consist of manipulation of the joints and soft tissues (muscles and ligaments), using the doctor's hands and/or a mechanical instrument. You may feel movement, and you may hear joint clicks or other noises. Physical therapy methods, including therapeutic exercise, massage and heat or ice may also be used.

CHIROPRACTIC RISKS

Chiropractic treatment is one of the safest methods of treating spinal problems. Still, unexpected problems can occur. Minor, temporary problems such as soreness and stiffness can occur, especially at the start of treatment. More significant problems, such as fracture of a weakened bone or sprain/disc injuries are rare. A stroke following neck manipulation is an extremely rare complication, occurring less than 1 per million treatments. Stroke has also been the result of ordinary activities, such as head turning and sneezing.

OTHER TREATMENTS AND RISKS

There are other forms of treatment used by medical doctors. Their risks include:

Medications: Many commonly used medications such as NSAIDs (Advil, Aleve, and Ibuprofen) carry risks of tissue damage, including stomach ulcers or kidney damage. This damage can occur quickly and may be irreversible. There are significantly higher risks of developing serious complication with NSAIDs compared with chiropractic. The annual number of hospitalizations for serious GI complications related to NSAIDs is estimated to be at least 103,000. Conservative estimates of NSAID-related deaths in the US are 16,500 per year. New England J Med 1999
Other medications are habit forming, and may mask pain to allow further injury or tissue damage.

Surgery: Surgery is the treatment of choice in less than 1% of back pain patients. Your doctor will and continue to screen you for surgical indicators and will refer you for a surgical opinion if necessary. Clinical results of surgery for simple, mechanical lower back pain have been disappointing and may expose you to unnecessary hospital and medication risks.

Rest/ Non-Treatment: Bed-rest has been shown to increase the likelihood of recurrence of back pain episodes, and make chronic pain more likely. Likewise, non-treatment may cause a permanent mechanical problem to develop, causing future back problems.

I have read and understand the above, and give my consent to begin chiropractic treatment.

Printed Name _____ **Date** _____

Signature _____