

# Evans Chiropractic, LLC

Date: \_\_\_\_\_

**Please Print Clearly**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender How would you like to be addressed:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred form of contact** \_\_\_\_\_

*(E-mail addresses are used solely to notify you about important office updates; closing information, etc.)*

**How did you find our office?** \_\_\_\_\_ **If referred who?** \_\_\_\_\_

**Spouse (Name + DOB):** \_\_\_\_\_

**Children (Names + Ages):** \_\_\_\_\_

Have you been to a chiropractor before?  Yes  No If yes, did it help?  Yes  No When was the last time you were adjusted? \_\_\_\_\_

## General Information Related to the Condition:

No particular condition or symptoms -- Just seeking general good health (non-covered by insurance)

Approximately when did the conditions or symptoms begin to occur? \_\_\_\_\_

Describe the conditions, symptoms or purpose of the appointment:

\_\_\_\_\_

Describe your pain:  Sharp  Dull  Stabbing  Ache  Radiating  Burning  Throbbing  Numbness

What caused it? \_\_\_\_\_

What aggravates it? \_\_\_\_\_

What relieves it? \_\_\_\_\_

## Please check any of the following symptoms you are now experiencing:

- |  |  |  |  |   |  |
|--|--|--|--|---|--|
| <input type="checkbox"/> Headache                | <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Light Bothers Eyes      | <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Head seems too heavy   | <input type="checkbox"/> Neck Pain       |
| <input type="checkbox"/> Loss of Memory          | <input type="checkbox"/> Clumsiness          | <input type="checkbox"/> Feet Cold               | <input type="checkbox"/> Neck Stiff            | <input type="checkbox"/> Tingling in arms/hands | <input type="checkbox"/> Ears Ring       |
| <input type="checkbox"/> Hands Cold              | <input type="checkbox"/> Sleeping Problems   | <input type="checkbox"/> Tingling in legs/feet   | <input type="checkbox"/> Face Flushed          | <input type="checkbox"/> Nausea                 | <input type="checkbox"/> Back Pain       |
| <input type="checkbox"/> Numbness in arms/hands  | <input type="checkbox"/> Buzzing in Ears     | <input type="checkbox"/> Constipation            | <input type="checkbox"/> Nervousness           | <input type="checkbox"/> Numbness in legs/feet  | <input type="checkbox"/> Loss of Balance |
| <input type="checkbox"/> Cold Sweats             | <input type="checkbox"/> Tension             | <input type="checkbox"/> Shortness of Breath     | <input type="checkbox"/> Fainting              | <input type="checkbox"/> Fever                  | <input type="checkbox"/> Fatigue         |
| <input type="checkbox"/> Irritability            | <input type="checkbox"/> Loss of Smell       | <input type="checkbox"/> Chest pain/rib pain     | <input type="checkbox"/> Pain in arms/hands    | <input type="checkbox"/> Pain in legs/feet      | <input type="checkbox"/> Jaw pain        |
| <input type="checkbox"/> Loss of strength - arms | <input type="checkbox"/> Burning muscle pain | <input type="checkbox"/> Loss of strength - legs | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Sharp/shooting pain    |  |

## Have you experienced Problems with: (Review of Systems)

- |  |   |  |   |   |   |
|--|---|--|---|---|---|
| <input type="checkbox"/> Allergies / Immune system | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Fatigue           | <input type="checkbox"/> Ears (hearing) | <input type="checkbox"/> Nose (smell)           | <input type="checkbox"/> Mouth (taste)/Throat |
| <input type="checkbox"/> Bowels/Stomach            | <input type="checkbox"/> Bladder        | <input type="checkbox"/> Hormones / Glands |   | <input type="checkbox"/> Eyes (sight) (Glasses) |   |
| <input type="checkbox"/> Urinary                   | <input type="checkbox"/> Blood/Lymph    | <input type="checkbox"/> Skeletal          | <input type="checkbox"/> Neurologic     | <input type="checkbox"/> Respiratory            | <input type="checkbox"/> Skin                 |
| <input type="checkbox"/> Male Organs               | <input type="checkbox"/> Female Organs  |  |   |   |   |

If Yes to any of these please explain: \_\_\_\_\_

## Do you now or have you ever had:

- |   |  |  |                                   |  |   |
|---|--|--|-----------------------------------|--|---|
| <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Cancer          | <input type="checkbox"/> Stroke   | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Prostate Disorder | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Ulcer               | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Auto Immune Disorder | <input type="checkbox"/> High Cholesterol  | <input type="checkbox"/> IBS/ Cholitis   | <input type="checkbox"/> Tinnitus |  |   |

## Allergies:

\_\_\_\_\_

## Psychiatric: (Check all that apply)

- Anxiety  Depression  Mood Swings  Difficulty Sleeping  Nervousness  Tension

**Medications:** (If you carry a list please ask to have a copy made)

\_\_\_\_\_ Reason for taking \_\_\_\_\_

**Vitamins / Herbs / Supplements**

\_\_\_\_\_ Reason for taking \_\_\_\_\_

**List any accidents (automobile, on the job injuries, slips, falls, sports, etc.) and provide the accident date:**

- 1) \_\_\_\_\_ / /
- 2) \_\_\_\_\_ / /
- 3) \_\_\_\_\_ / /

**Surgeries/Hospitalizations:** (Date most recent first): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**Work History:**

Retired, If so how long: \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Job title:** \_\_\_\_\_

Stresses of Job? \_\_\_\_\_

Previous Jobs? : \_\_\_\_\_ Stresses of Job? \_\_\_\_\_

## Office Policies Evans Chiropractic LLC.

**Our mission: To serve and empower individuals and families in overall wellness, to achieve optimal health and healing, by providing: Holistic Chiropractic Care and Functional Medicine...**

**Preferred Hours:** In order to provide the service, you need as conveniently, safely and rapidly as possible, we ask that have an appointment before entering, however they are not necessary **on Monday, Wednesday, Friday:** 9:00-12:00 pm, 2:30-6:00 pm. **Tuesday** for Functional Medicine by appointment only. If you send new patients our way, we thank you in advance and please have them call the office for an appointment.

**Children and Families:** Once you understand that the nervous system controls and coordinates all functions of the body, and subluxation interferes with the nerve flow, we encourage that you would want everyone in your family checked. Our family plan is effective if an adult comes in for a visit and a child accompanies the adult on the same visit. Newborns to 1 year old, no charge. One year until high school max \$15 per visit. High School through College max \$40 per visit. Once graduation from college or university they will be charged at regular adult fees.

**Insurance:** that covers chiropractic care; we will bill your insurance directly. This it is not a guarantee of payment by your insurance company. You are ultimately responsible for any fees not paid by your insurance company including your deductible! **All deductibles are collected up front at \$125 for the first visit then \$55 per subsequent visit. As soon as your deductible is met your regular co-payment will apply.**

**Medicare:** Medicare will allow up to 24 visits per diagnosis with limitations of Adjustment codes only. Any other services are at the cost of the patient or may be covered by a secondary insurance if you have one. Medicare does not pay for wellness or supportive care so you are responsible for any visits over 24 unless you have a new condition or exacerbation that Medicare may pay for. Your responsibility will be at \$40 per visit for maintenance care.

**Wellness:** Most insurance companies have limitation clauses of a Maximum number of visits or a maximum dollar amount they will pay for chiropractic services. In addition, they will not reimburse for maintenance, wellness and long-term care even though research shows it is highly beneficial to your health. Therefore; you will be responsible for any such payments at **\$40/visit**

**Personal Injury:** According to NJ Statutes all care must be pre-certified through your personal auto insurance before care is rendered. If at any time your auto insurance does not cover or if a deductible and co-pay apply, your regular health insurance will be billed. *You are responsible for any charges not covered after your auto-insurance and your regular health insurance payments are exhausted.*

**Text Message Alerts:** I \_\_\_\_\_ (initials) Authorize Evans Chiropractic, LLC. to send messages and or email appointment reminders, closing or other pertinent office information to my cell phone number provided on the intake form. I agree that all individuals / family members associated with my account may receive alerts as well. Text message charges from my cell phone provider may apply.  **Agree** .  **Disagree**

**Additional Fees:** Starting Nov 1, 2022, all electronic payments including but not limited to credit cards, debit cards, apple pay, google pay or other forms of electronic payments will be charged a 3% fee for each transaction taken. It will automatically be added to your payment when swiped, chipped or tapped.

\_\_\_\_\_ (initials) **Assignment of Benefits**

I hereby irrevocably instruct and direct my Insurance Company to pay Evans Chiropractic, PLLC directly. For the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. I also authorize the release of any information pertinent to my case to any insurance company, Health Care Financing Administration or its agents, or attorney involved in this case. I authorize doctor initiate a complaint to the Insurance Commissioner for any reason on my behalf.

\_\_\_\_\_ (initials) **Non-Assignment of Benefits**

I am advised that should my insurance company pay me directly, **I am responsible to bring any insurance checks and statements received by me directly to Evans Chiropractic, LLC.** If I do not bring or mail the insurance payments to Evans Chiropractic within 30 days of my receiving them, I will be solely responsible for payment in full of all services to date. In addition, I authorize Dr. Evans to deposit any checks received on my account when made out to me.

## **Communicable Diseases Liability Release Waiver**

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following: I am aware of the existence of the risk on my physical appearance to the venue and my participation in the chiropractic care that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 or any of its variants that may lead to paralysis or death.

If at any time any of these terms and conditions change in the future such as being exposed, you experience symptoms or you have traveled where quarantine is suggested or required by the state of NJ. You will notify the office immediately, and you will not enter the office during time quarantine is suggested or required.

Following the pronouncements above I hereby declare the following:  
I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting any communicable disease including COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the Evans Chiropractic Llc, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 and any other communicable disease while participating in any activity including chiropractic care or other services provided by Evans Chiropractic, Llc while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to any communicable disease. I agree to indemnify, defend, and hold harmless Evans Chiropractic Llc. from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to any communicable disease, virus, fungus or bacteria.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. This waiver will remain effective permanently.

### **HIPAA LAW #101-191 CONSENT**

This office is HIPAA compliant. Your records are kept in the strictest confidence; however, it may be necessary to disclose information to another health care provider as well as to other third-party payers if they are responsible for payment of your services. It may be necessary to use or disclose information within our practice for quality control and operational purposes. (i.e.: appointment reminders at home or work, leaving messages on answering machine, leaving messages with a person, testimonials of your improvement in written or verbal form, family picture boards, sending you newsletters, and sending you thank you gifts as well as open adjusting areas). You have the right to request a more detailed "Notice of Privacy for Private Health Information" upon request at any time during your care. If any changes occur in reference to our privacy practices you will be notified by posting of the change in the office. By signing below, you accept and give us permission to disclose this information. You have the right to not disclose any of this information however requests must be in writing.

**Discouragement:** This is not a contract of insurance, nor is it intended to be insurance itself. It is not the intent in our office to diagnose, treat, cure, or give any advice regarding any physical, mental, or emotional ailments other than the detection and correction of vertebral subluxations. I consent to Chiropractic treatment with Dr. Evans

**I have read and understand the above policies and I accept all terms by signing below.**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Names of children under 18: \_\_\_\_\_

# CHART OF EFFECTS OF SPINAL MISALIGNMENTS

“The nervous system controls and coordinates all organs and structures of the human body.” (Gray’s Anatomy, 29<sup>th</sup> Ed., page 4). Misalignments of spinal vertebrae and discs may cause irritation to the nervous system and affect the structures, organs, and functions that may result in the conditions shown below.

Vertebrae	Areas	Effects
1C	Blood supply to the head, pituitary gland, scalp bones of the face, brain, inner & middle ear, sympathetic nervous system	Headaches, nervousness, insomnia, head colds, high blood pressure, migraine headaches, nervous breakdowns, amnesia, chronic tiredness, dizziness
2C	Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead	Sinus trouble, allergies, crossed eyes, deafness, eye troubles, earache, fainting spells, certain cases of blindness
3C	Cheeks, outer ear, face bones, teeth, trifacial nerve	Neuralgia, neuritis, acne or pimples, eczema
4C	Nose, lips, mouth, eustachian tube	Hay fever, catarrh, hearing loss, adenoids
5C	Vocal cords, neck glands, pharynx	Laryngitis, hoarseness, throat conditions
6C	Neck muscles, shoulders, tonsils	Stiff neck, pain in upper arms, tonsillitis, whooping cough, croup
7C	Thyroid gland, bursae in shoulder, elbows	Bursitis, colds, thyroid conditions
1T	Arms: elbow down; hands, wrist, fingers; esophagus and trachea	Asthma, cough difficult breathing, shortness of breath, pain in lower arms and hands
2T	Heart: valves and coverings, coronary arteries	Functional heart conditions and certain chest conditions
3T	Lungs, bronchial tubes, pleura, chest, breast	Bronchitis, pleurisy, pneumonia, congestion, influenza
4T	Gall bladder, common duct	Gall bladder conditions, jaundice, shingles
5T	Liver, solar plexus, blood	Liver conditions, fevers, low blood pressure, anemia, poor circulation, arthritis
6T	Stomach	Stomach troubles: nervous stomach, indigestion, heartburn, dyspepsia
7T	Pancreas, duodenum	Ulcers, gastritis
8T	Spleen	Lowered resistance
9T	Adrenal and supra-renal glands	Allergies, hives
10T	Kidneys	Kidney troubles, hardening of the arteries, chronic tiredness, nephritis pyelitis
11T	Kidneys, ureters	Skin conditions: acne, pimples, eczema, or boils
12T	Small intestines, lymph circulation	Rheumatism, gas pains, certain types of sterility
1L	Large intestines, inguinal ring	Constipation, colitis, dysentery, diarrhea, some ruptures or hernias
2L	Appendix, abdomen, upper leg	Cramps, difficult breathing, acidosis, varicose veins
3L	Sex organs, uterus, bladder, knees	Bladder troubles, menstrual troubles: painful or irregular periods, miscarriages, bed wetting, impotency, change in life symptoms, many knee pains
4L	Prostate gland, muscles of lower back, sciatic nerve	Sciatica, lumbago, difficult/painful or too frequent urination, backaches
5L	Lower legs, ankles, feet	Poor circulation in the legs, swollen ankles, weak ankles and arches, cold feet, weakness in the legs, leg cramps
SACRUM	Hip bones, buttocks	Sacro-iliac conditions, spinal curvatures
COCCYX	Rectum, anus	Hemorrhoids (piles), pruritis (itching), pain at end of spine on sitting

For further explanation of the conditions shown above and information about those not shown ask Dr. Evans.

## *Now that you have had your first Chiropractic Adjustment*

Congratulations; you have taken the first steps towards making life changes...

You have joined thousands of people who have chosen Evans Chiropractic as the number one alternative, natural drugless approach towards wellness. I am excited to serve both you and your family. The interference with your nervous system has most likely been present for months or even years before today's adjustment. As a result, your body and mind have become accustomed to certain behaviors. My job is to help restore proper function and life flow. Getting the most out of your will require some effort on your part, i.e. Keeping your appointments, doing your exercises prescribed. Open communication between you and the doctor is a vital part of the lasting changes so please voice any concerns you may have directly with me.

At the moment of your adjustment hundreds, if not thousands of body functions and activities are affected. The release of nerve pressure allows the brain to start communicating effectively with your internal organs and tissues to bring the body back in balance. The healing has begun and your vital life flow through your nerves is being restored.

### ***How should I feel after my first adjustment?***

Each body is different and reactions do vary. Most patients find the problem they came in with start to lessen, some feel no difference, and some feel a bit sore, maybe in areas they did not have a complaint. All these reactions are common. The body is complex. You may be experiencing a detoxification: muscles might have been weak and now are working again to realign your spine. Old injuries that have not healed completely may reawaken causing you to feel new sensations in other parts of your body. Nerve receptors that have been sleeping for years may now be starting to activate. Give your body permission to express what it needs to. If sore you can always apply ice for 10-15 minutes to relieve inflammation.

### ***Are the Adjustments Safe?***

Yes. A New Zealand government study concluded that chiropractic adjustments are "remarkably safe". Taking an over the counter pain medication, such as ibuprofen is about 100 times more risky.

### ***What can I expect for the future?***

Studies have revealed that people under chiropractic care experience wellness in many areas of their life. Two studies reported improved mental/emotional health, better ability to deal with stress and more life enjoyment. Other studies have revealed improved physical function, less bodily pain, improved general health, greater vitality, social functioning and mental health. 87% of Chiropractic patients described their health as excellent compared to 67.8% of non-Chiropractic patients.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

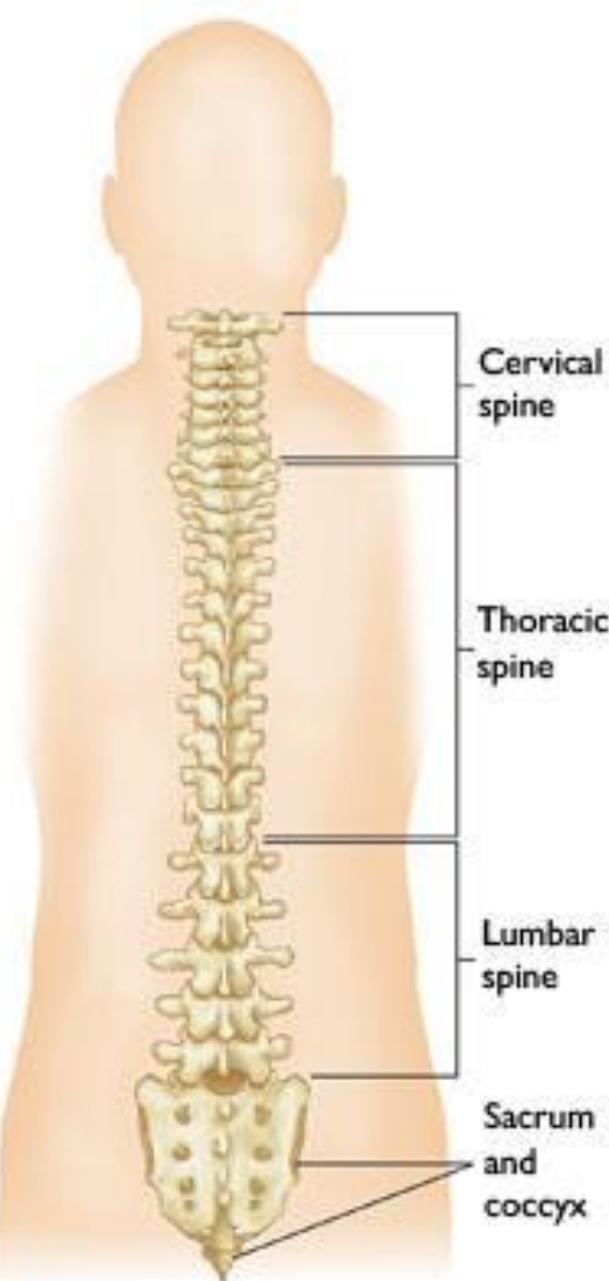
**Reasons for Consulting Evans Chiropractic**

\_\_\_\_\_

**Significant Findings**

- \_\_\_ Abnormal Muscle Function      \_\_\_ Muscle Strength
- \_\_\_ Nerve Root involvement:    \_\_\_ Neck \_\_\_ MB \_\_\_ LB
- \_\_\_ Contracted Leg
- \_\_\_ Postural Distortions
- \_\_\_ Decreased Range of Motion
- \_\_\_ Pain on Range of Motion
- \_\_\_ Dermatomes, Levels \_\_\_\_\_
- \_\_\_ Reflexes, Levels \_\_\_\_\_
- \_\_\_ Disc Involvement
- \_\_\_ Spinal Joint Involvement
- \_\_\_ Spinal Degeneration, Phase of Decay \_\_\_\_\_
- \_\_\_ Intervertebral Nerve encroachment
- \_\_\_ Sacroiliac Involvement
- \_\_\_ Sciatica Involvement
- \_\_\_ Thoracic Outlet Syndrome
- \_\_\_ Extremity Involvement, Areas \_\_\_\_\_

**Vertebral Subluxations As Marked:**



Range of Motion		
	Lumbar- Thoracic Spine	Cervical Spine
Flex	___ Degree _____	___ Degree _____
Ext	___ Degree _____	___ Degree _____
RLF	___ Degree _____	___ Degree _____
LLF	___ Degree _____	___ Degree _____
R Rot	___ Degree _____	___ Degree _____
L Rot	___ Degree _____	___ Degree _____

P= pain, T=tenderness, S=spasm

**Recommendations for Care:**

- \_\_\_ x per week for \_\_\_ weeks
- \_\_\_ x per week for \_\_\_ weeks
- \_\_\_ x per week for \_\_\_ Months

**We always recommend Wellness Care!**

Home care recommendations:  
\_\_\_\_\_

Re-Evaluation will be scheduled at 6 visits to determine effectiveness of treatment plan.