WATT FAMILY CHIROPRACTIC

Dr. Britaney Watt Dr. Bradley Watt

PLEASE FILL IN BELOW

NAME: _____ DATE: _____

ADDRESS: _____ APT. #: ____ CITY _____ ZIP _____

HOME PHONE: _____ BUSINESS PHONE: _____ SEX: M ___ F ___

MARITAL STATUS: _____ DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

Give reason for seeking chiropractic care: _____

_____

Describe: _____

_____

How long have you had this problem? _____

Are you under the care of any other physician? Yes _____ No _____
If yes, please list the doctors you are seeing, condition you are treated for, and progress of care to date: ____

_____

Please list any medication you are presently taking and reason for taking it: _____

_____

Please list all previous surgeries: _____

_____

Please list any accidents or broken bones you have had: _____

_____

List any x-rays you have had in the last two years: _____

_____

Have you been to a chiropractor before? Yes _____ No _____

Date of last visit: _____ How long were you under care? _____

Name of Dr. _____ Condition treated for: _____

_____

Occupation: _____

Duties you are required to perform regularly at work or home: _____

_____

Habits:
Do you smoke: No _____ Yes _____ # of packs per day _____
Do you drink coffee: No _____ Yes _____ # of cups per day _____
Do you consume alcohol: No _____ Yes _____ Approximately how much daily: _____ Do you exercise regularly: No _____ Yes _____ If so, what forms and how much: _____

2255 N. Wickham Road, Suite 109 - Melbourne, FL 32935 - (321)253-8511 - Fax (321)253-8711

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Family Health History. Please describe health of: Father: _____ Mother: _____

Spouse: _____ Children, give ages: _____

_____

Who recommended this office to you: _____ Or,

where did you hear about this office: _____

FEMALES: Is there a possibility of you being pregnant? Yes _____ No _____

PLEASE FILL IN BELOW

If you **have had** the following, please check.

Hay Fever ___ T.B. ___ Allergies ___ Polio ___ Hypoglycemia ___ Gout ___ Pneumonia ___ Pleurisy ___

Rheumatic Fever ___ Asthma ___ Thyroid Trouble ___ Heart Disease ___ Cancer ___ High Blood Pressure ___ Tonsillitis

___ Appendicitis ___ Arthritis ___ Kidney Trouble ___ Varicose Veins ___ Slipped Disc ___

Gall Bladder Trouble ___ Liver Trouble ___ Bowel Trouble ___ Hemorrhoids ___ Diabetes ___ Epilepsy ___

Ulcers ___ Bladder Trouble ___ V.D. ___ Other: _____

If you **suffer from** the following symptoms, please check.

___ headaches	___ throat lumps	___ palpitations of heart
___ dizziness	___ sore throat	___ chest pains
___ nausea	___ female problems	___ back pains
___ fainting	___ cough	___ hip pains
___ change in vision	___ shortness of breath	___ leg pains
___ nose bleeds	___ indigestion	___ neck pains
___ sinus pains	___ heart burn	___ shoulder or arm pains
___ ringing in ears	___ belching	___ abdominal pains
___ earaches	___ vomiting	___ other muscle pains
___ ear discharge	___ gas	___ numbness
___ impaired hearing	___ constipation	___ joint pains
___ weakness	___ diarrhea	___ itching
___ fatigue	___ rectal bleeding	___ skin eruptions
___ insomnia	___ blood in urine	___ discoloration of skin
___ poor appetite	___ frequency of urination	___ dry skin
___ poor memory	___ pain on voiding	___ excessive sweating
___ inner tension	___ cloudy urine	___ swelling of joints
___ nervousness	___ change in weight	___ swelling of ankles

Other: _____

Please fill in the following insurance information:

Patient Soc. Sec. # _____ - _____ - _____. Insured Soc. Sec. # _____ - _____ - _____.

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WATT FAMILY CHIROPRACTIC LLC

Dr. Britaney Watt Dr. Bradley Watt

Assignment and Instruction for Direct Payment to Doctor Private and Group Accident and Health Insurance

Patient name: _____ SSN: _____ Birth date: _____

I hereby instruct and direct _____ Insurance Company to pay benefits by check made out and mailed to:

WATT FAMILY CHIROPRACTIC LLC
2255 N. WICKHAM RD. #109
MELBOURNE, FL 32935
Or

If my current policy prohibits direct payment to doctor, then I hereby also instruct and direct you to make out the check to me and mail it as follows:

c/o WATT FAMILY CHIROPRACTIC LLC, 2255 N. WICKHAM RD. #109, MELBOURNE, FL 32935

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 service rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY TO WATT FAMILY CHIROPRACTIC LLC FOR PAYMENT OF PROFESSIONAL SERVICES RENDERED. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. I assign to said clinic all rights patient has under any contract of insurance for collection of same.

This is to certify that the above named patient authorizes the request of any records pertinent to the health care of same individual from but not inclusive of any insurance carrier, adjustor, attorney, or other health care provider.

This also authorizes this facility to release records, upon receipt of the above named patient's signature, or on an emergency basis, to, but not inclusive of, any insurance carrier, attorney, health care provider, hospital, or immediate family member.

This also certifies that the above named individual agrees to pay in full for all professional services rendered at the time they are performed, unless other arrangements are made in advance of the set appointment. The below named guarantor understands a $25.00 returned check fee will be charged along with any appropriate collection or attorney's fee which may accrue upon collection of any outstanding balance.

A photocopy of this assignment shall be considered as effective and valid as the original.

Privacy: The *Standard5 for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the *Health Insurance Portability and Accountability Act* of 1996 ("HIPAA") A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.

You can be assured that our clinic takes your privacy seriously and is in compliance with all HIPP A guidelines. Your health information will not be disclosed without your permission or will your name, address or telephone number be disclosed to any third party.

I have read and understand the foregoing.

_____ _____ _____ / _____

Date Signature/Policyholder/Guarantor Print Name SS#.

WATT FAMILY CHIROPRACTIC LLC

Dr. Britaney Watt Dr. Bradley Watt

CASH ASSIGNMENT

FINANCIAL RESPONSIBILITY AGREEMENT

Patient Name _____ SS# _____ Birth Date_____

Billing Address_____

_____

Home Phone _____ Work Phone _____ Cell Phone_____

This is to certify that the above named individual or guarantor agrees to pay in full for all professional services rendered at the time they are performed, unless other arrangements are made in advance of the set appointment. The guarantor understands a $25.00 returned check fee will be charged along with any appropriate collection or attorney's fee which may accrue upon collection of any outstanding balance.

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_____ _____ _____

Date Signature/Guarantor or Policyholder Print Name

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Doctor-Patient Relationship in Chiropractic

Chiropractic:

It is important to be an aware and an informed patient. We have found that an honest, open understanding of chiropractic care is helpful in order to bring about your potential for maximum health.

Your body has a potential to function at 100%. Our goal in chiropractic is to achieve better communication between the brain and the rest of the body through a fully functioning nervous system thus allowing the body the potential to function at 100%. We achieve this through chiropractic adjustments which correct spinal nerve interference called vertebral subluxations. When a vertebral subluxation is present in the spine, the body is unable to function at 100% thus sickness and disease occurs.

When a chiropractic adjustment is provided by the chiropractor, the body is able to approach its potential to express optimum health. This is because of better communication through the nervous system by the reduction and correction of the vertebral subluxation and its related components. Rather than treat the resulting disease or your symptoms, chiropractors correct the subluxation and the resulting nerve interference, which is the number one cause of why the body functions at less than 100%. Instead of masking the symptoms with medications, chiropractors look for the cause and correct the cause of your symptoms.

Analysis:

You will undergo a chiropractic examination for the detection of vertebral subluxations and their related components. During the examination the chiropractor will evaluate how the spine moves and what it feels like. Based upon the results of the examination findings, X-rays of the spine may be performed. These X-rays will tell the doctor how far the vertebra is misaligned and in what direction. The X-rays will also help determine the most efficient chiropractic technique to effectively adjust and correct the spinal subluxations.

Diagnosis:

Only a chiropractor can determine if your case is a chiropractic case. Medical doctors diagnose disease, chiropractors diagnose vertebral subluxations. Your diagnosis in this clinic will reflect spinal nerve interference which is caused by vertebral subluxations. Our doctors will work with any other health care provider for your benefit. Inversely, you should expect all other health care providers to work together with your chiropractor for your benefit. This team approach to your health care will benefit you, the patient, the best.

Chiropractic Adjustments:

The patient, in coming to the chiropractor, gives the chiropractor permission and authority to adjust the patient for spinal subluxations. In rare cases, physical defects, deformities or pathology may render the patient susceptible to injury. The chiropractor, of course, will not provide chiropractic adjustments if he is aware of any such conditions. If the patient is aware of any latent pathological defects, illness or deformities which would not otherwise come to the attention of the chiropractor, it is their responsibility to notify the chiropractor. The patient

should not look to the chiropractor for in-depth diagnostic procedures. The chiropractor provides a specialized health service in the detection and correction of the vertebral subluxation and its related components. Any risks regarding chiropractic treatment will be explained upon request.

Results:

No doctor can promise a cure or guarantee results. The purpose of chiropractic care is to promote natural health through the release of maximum nerve energy. Since there are so many variables, it is difficult to predict the time schedule or efficiency of chiropractic procedures. Sometimes the response is phenomenal. In most cases there is a more gradual but quite satisfactory response. In some it is only partial or not at all. Regardless of the disease, the chiropractor is not offering to heal, treat or cure it.

A major premise in chiropractic is that the body is a self healing organism and by removing the vertebral subluxation, hence the nerve interference, it can function as close to 100% as possible. However, you must remember that there is no process that does not take time, this includes the healing process. The longer the problem has been in the body the longer the healing process will take. The chiropractor's goal is to allow the body to express health at its optimum without nerve interference. This goal is accomplished through the chiropractic adjustment by the correction of the vertebral subluxation.

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You can be assured that our clinic takes your privacy seriously and is in compliance with all HIPPA guidelines. Your health information will not be disclosed without your permission or will your name, address or telephone number be disclosed to any third party. Our privacy policy is posted in the reception area and is available at the front desk upon your request.

Questions

Just as in a good marriage, proper communication is an absolute necessity. We want to help you attain your goal of health. If at any time your response is not satisfactory, we will gladly assist you in choosing a referral doctor for another option. Your health is our number one priority.

Acknowledgement:

I have read and understand the foregoing.

Date _____ Signature _____

Witness _____