

# Jenkins Family Chiropractic Registration & History

## Patient Information

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

Patient: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status: Single Married Divorced Widowed

Patient SS #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Provider: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Occupation: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Patient Condition/Health History

Primary reason for visit: \_\_\_\_\_

Is this condition due to an accident? Yes No Type of accident: Auto Work Home Other Injury Date: \_\_\_\_\_

What treatment have you already received for your condition? Surgery Medicine Physical Therapy  
Chiropractic Massage Acupuncture None

Name(s) other doctor(s) who have seen you for your condition: \_\_\_\_\_

Please Indicate date of last:

Spinal Exam: \_\_\_\_\_ Spinal Xray: \_\_\_\_\_

Since Vertebral Subluxations result in dysfunction and dis-ease of tissues, organs and systems with devastating effects

**\*Please check all conditions below that you currently have or have had in the past\***

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Constipation	<input type="checkbox"/> Heartburn/Acid reflux	<input type="checkbox"/> Menstral Irregularities	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Dependency	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Ringing in the Ears
<input type="checkbox"/> Allergies	<input type="checkbox"/> Depression	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Sleeping Problems
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hernia	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Subluxation
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> Herniated Disc	<input type="checkbox"/> Mumps	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Digestive Disorder	<input type="checkbox"/> Herpes	<input type="checkbox"/> Nervousness/Anxiety	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Asthma/Short of breath	<input type="checkbox"/> Dizziness	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Bladder Dysfunction	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Tumors/Growths
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Emphysema	<input type="checkbox"/> IBS	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Breast Lump	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Pinched Nerve	<input type="checkbox"/> Upset stomach
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Gall Bladder Problem	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Vaginal infections
<input type="checkbox"/> Cancer	<input type="checkbox"/> Headaches	<input type="checkbox"/> Measles	<input type="checkbox"/> Prostate Problems	<input type="checkbox"/> Whiplash

Any other conditions not listed above: \_\_\_\_\_

**\*Are you pregnant**  Yes  No **Due Date:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

## Health History (cont.)

Injuries/Surgeries you have had:	<u>Description</u>	<u>Date(s)</u>
Broken Bones/Fractures: _____	_____	_____
Dislocations: _____	_____	_____
Head Injuries: _____	_____	_____
Surgeries: _____	_____	_____
Surgical Implants (breast, IUD, prosthesis, joint replacement): _____		

### \*\*\*Please List ALL Medications and Reasons\*\*\*

_____
_____
_____
_____
_____
_____

## Daily Habits

**\*What daily activities/duties are difficult for you ? (ex. work, exercise, household chores, etc.)**

<u>Exercise</u>	<u>Work Activity</u>	<u>Habits</u>	
<input type="checkbox"/> None	<input type="checkbox"/> Sitting	<input type="checkbox"/> Smoking	Packs/Day: _____
<input type="checkbox"/> Moderate	<input type="checkbox"/> Standing	<input type="checkbox"/> Alcohol	Drinks/Week: _____
<input type="checkbox"/> Daily	<input type="checkbox"/> Light Labor	<input type="checkbox"/> Coffee/Caffeine Drinks	Cups/Day: _____
<input type="checkbox"/> Heavy	<input type="checkbox"/> Heavy Labor	<input type="checkbox"/> High Stress Level	Reason: _____

## Family/Past History

Are there any conditions that are common in your family? (ex. cancer, diabetes, subluxation, rheumatoid arthritis, etc.)

_____
_____
_____

## Acknowledgement of Payment Responsibility

**\*Be sure to provide the receptionist with all health insurance cards and photo ID\***

### ASSIGNMENT AND RELEASE

I, the undersigned, understand that I am financially responsible for all charges (whether or not paid by insurance). I certify that I, (or my dependent) have insurance coverage with \_\_\_\_\_ and assign directly to Jenkins Chiropractic all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the signature on all insurance submissions.

Responsible Party Signature	Relationship	/ / Date
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## TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and when a chiropractor accepts a patient for such care, it is essential that both are speaking and working for the same goals. Chiropractic does NOT diagnose or treat disease. Chiropractic has only one goal:

### **TO LOCATE, ANALYZE, AND CORRECT SPINAL INTERFERENCE TO THE NERVOUS SYSTEM**

The purpose of the nervous system is to control and coordinate all bodily function. Interference to this master system automatically produces improper function in the body. The SUBLUXATION (spinal misalignment producing nerve interference), in and of itself, is a detriment to life and health. Correction of the subluxation through a specific chiropractic adjustment allows the body to function at its optimum level. This allows the INNATE healing power of the body to work at maximum efficiency to restore, maintain, and promote natural health.

### **WE DO NOT DIAGNOSE CONDITION(S) OR DISEASE(S) OTHER THAN VERTEBRAL SUBLUXATIONS**

### **WE DO NOT OFFER TREATMENT OF CONDITION(S) OR DISEASE(S) OTHER THEN VERTEBRAL SUBLUXATIONS.**

### **WE PROMISE NO CURE FROM ANY CONDITION(S) OR DISEASE(S)**

### **THE CHIROPRACTIC ADJUSTMENT RESTORES LIFE AND HEALTH TO ITS FULLEST POTENTIAL!!!**

I, \_\_\_\_\_, having read the above statement, and understanding it fully,  
(Please Print Name)

do undertake chiropractic health care on this basis.

X \_\_\_\_\_  
Signature Date

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## **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement\*\***

By signing below, I indicate that a copy of Jenkins Chiropractic Notice of Privacy Practices has been made available to me and understand that my signature indicates my consent to the use and disclosure of protected health information by Jenkins Chiropractic as described in that notice.

X \_\_\_\_\_  
Signature Date  
(Legal Guardian's Signature if Minor)

## Notice of Privacy Practices

Jenkins Chiropractic LLC, is committed to maintaining the privacy of your protected health information known as (PHI), which is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and the care and treatment you receive from our practice. In addition, this Notice describes your rights to access and control your PHI. This Notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read this Notice carefully and if you should have any questions or concerns about this Privacy Notice please do not hesitate to contact our privacy officer, Dr. Jason R. Jenkins, 97 Gulf Street, Milford, CT 06460, 203-877-4198.

This office is required by law to abide by the terms of this Notice of Privacy practices as well as abiding by any other applicable state laws that may govern privacy practices and/or the scope of the practice of chiropractic. Our office may change and/or modify the terms of this Notice at any time and the new Notice will be effective for all PHI that we obtain at that time. Our office and/or doctor will provide you with a copy of our Notice of Privacy Practices and make a good faith effort to obtain your written acknowledgement of our Notice, no later than the date of your first service delivery. We will also keep you notified of any changes to our Notice of Privacy Practices and if requested by you our office will provide you with an updated copy of the same.

### Uses and Disclosures of PHI:

Our office may use and disclose of your PHI for health care delivery purposes, which is known as treatment, payment and health care operations (TPO). Our PHI may be used and disclosed by your doctor, our office staff and others outside of our office that are involved in our care and treatment of the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the doctor's practice. It should be noted that even though our list of uses and disclosures of your PHI is fairly comprehensive, it is difficult to take into account each and every single possibility of how your PHI may be used or disclosed. We can assure you that your doctor and his office staff will do everything possible to maintain the confidentiality of your PHI. Listed below are some of the more common types of uses and disclosures of your PHI that our office is allowed to make without your consent and/or authorization. Any other uses and/or disclosures other than those listed below will only be made with your written authorization.

Treatment – Your PHI may be used and disclosed for the coordination or management of your health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding you of the referral of you from one health care provider to another.

Payment – Your PHI may be used and disclosed for payment which encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums to fulfill their coverage responsibilities and provide benefits under the plan and to obtain reimbursement for the provision of health care.

Health Care Operations – Your PHI may be used and disclosed for healthcare operation for certain administrative, financial, legal and quality improvement activities that are necessary to run its business and to support the core functions of treatment and payment.

Emergency Situation – Our office and/or doctor may use or disclose your PHI in an emergency treatment situation. If any emergency situation happens to arise we are not required to obtain a written acknowledgement from you or our Notice of Privacy Practices until after the emergency situation has ended.

Minimum Necessary Standard – Our office and/or staff will make reasonable efforts to limit the use and disclosure of and requests for your PHI to the minimum necessary to accomplish the intended purpose.

Employee Limitations – Your doctor will also limit the use and disclosure of your PHI to member of his or her workforce to this who may need access to your PHI for treatment, payment and health care operations.

Public Health Purposes and Activities – Your PHI may be disclosed to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling, disease, injury or disability which would include reporting of disease or injury, reporting vital events like births or deaths and conducting public health surveillance, investigations or interventions. In addition, your PHI may be disclosed for public health activities like child abuse or neglect, quality, safety or effectiveness of a product or activity regulated by the FDA and persons at risk of contracting or spreading disease as well as workplace medical surveillance. Again, this information will be limited to the minimum amount necessary to accomplish the public health purpose.

Business Associate Contract – A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on health of, or provides services to, a covered entity i.e.: health care provider, health care plan or clearinghouse. Your PHI may be used or disclosed to a business associate provided we obtain satisfactory assurances from the business associate that the business associate will safeguard your PHI it receives or creates from any use and will use the information only for the purposes for which it was engaged to do and not for the business associates independent use or purposes, except as needed for proper management and administration of the business associate.

Research Purposes – Your PHI may be used or disclosed for research purposes which have been de-identified and/or you have authorized the use and disclosure of your PHI.

Workers' Compensation Purposes – Due to the variability among State laws the privacy rule permits disclosure of your PHI for purposes as authorized by and to the extent necessary to comply with workers' compensation laws without your authorization and no minimum necessary determination is required.

Marketing Purposes – Your PHI may be used and disclosed for marketing purposes if it is in the form of a face-to-face communication or a communication involving a promotional gift of minimal value by the covered entity i.e.: health care provider, health care plan or clearinghouse. Marketing is defined as making a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This type of marketing has certain exceptions, which do not require authorization for the use and disclosure of your PHI and are listed as follows:

1. A communication is not marketing if it is made to describe a health-related product or service that it provided by or included in a plan of benefits of the covered entity making the communication.
2. A communication is not marketing if it is made for treatment of the individual.
3. A communication is not marketing if it is made for case management or care coordination for an individual or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. Note: Besides for the above exceptions any other form of marketing would require your authorization to use and disclose your PHI.

Personal Representative – Your PHI may be used and disclosed, under State law, to a person who is authorized to act on your behalf in making your health care related decisions.

Legal Proceedings – Your PHI may be disclosed if requested by any judicial or administrative proceedings, court order, a subpoena, law enforcement purposes etc.

Miscellaneous uses and disclosures of PHI – We may use a sign-in-sheet at our front desk so our staff can easily see who is seeking care. We are allowed to use and disclose your name in the waiting room when your doctor is ready to see you. We may use and disclose your PHI to contact you to remind you of your appointment. We are also allowed to use and disclose your name and address to send you a newsletter about our practice and services we offer. In addition, we may send you information about products or services that we feel may benefit you.

### Patients Rights to Access and Control their PHI:

The Privacy Rule allows you certain rights with regards to your records, which are as follows:

You have the right to review and receive copies of your records as it relates to your own care. Your request would have to be put in writing and the law requires that your doctor respond within 30 days of your request. In addition, your doctor is allowed to deny you access to your records, but only if it is going to cause you harm or someone else harm. If your doctor denies you access to your records the denial has to be referred to a health care review professional, which would be the privacy officer who was designated. Your doctor is allowed to charge a copy fee, which should not exceed State law allowance.

You have the right to request that the use and disclosure of your PHI be restricted. This means you have the right to request restrictions on how your doctor will use or disclose your PHI about treatment, payment and health care operations. Your doctor is not required to agree to your request for restriction, but would be bound by any restrictions to which you and your doctor agree on.

You have the right to request to receive confidential communications from your doctor by alternative means or at an alternative location. Your doctor must accommodate your request, provided it is reasonable, and you clearly state that not doing so could endanger you.

You have the right to request amendments (changes) to your records. If changes are made to your record it does not mean that your doctor will destroy his or her records or your doctor will rewrite their records it means that your doctor will add an addendum to your current records to reflect your changes. Your doctor has the right to deny or reject your request to change your records, but you have the right to submit a statement in the medical record that you disagree. Your doctor also has the right to add to the record a rebuttal statement.

You have the right to receive your doctor's Notice of Privacy Practices. The law required that your doctor provide you in writing their policy on how they are protecting and using your PHI.

You have the right to revoke an authorization. The revocation can be done at any time provided it is in writing. There is an exception to revocation that is if your doctor has taken any action in reliance on the use or disclosure indicated in the doctor's Authorization Notice.

### Patient's Right to File a Complaint:

If you believe, that any of your Privacy Rights have been violated by us you can file a written complaint with our Privacy Officer (please see our privacy office to obtain a complaint form). Your complaint must be filed within 180 days of when you learned or should have known that the act occurred. In addition, you can also file a written complaint either on paper or electronically with the Office of Civil Rights (OCR). Please note that the Privacy law prohibits our office from taking any retaliatory actions against you.