



## Application for Spinal Decompression Treatment

### *PATIENT INFO*

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● Full Name:

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● Date of Birth:

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● Gender:

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● How did you hear about us?

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● What is your current weight?

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● Are you pregnant?

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● Address:

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● City, State:

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● Zip:

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● Email:

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● Phone:

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● Social Security Number:

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● Are you employed?

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● Employer:

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● Occupation:

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● Do you have insurance?

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● Marital Status:

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● Spouse's Name:

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● Emergency Contact Name:

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● Emergency Contact Phone Number:

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● Relationship to Emergency Contact:

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## *HISTORY OF COMPLAINT*

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- Have you ever been diagnosed with a bulging or herniated disc?
  - Have you had a lumbar or cervical MRI in the last 7 years?
  - MRI Clinic Name/Location:
  - MRI Clinic Phone Number:
  - Please identify the conditions that brought you to this office and how they happened:
  - Do any of your conditions travel to other parts of the body? If so, where?
  - Do you experience any numbness or tingling? If so, where?
  - Do you have any other health concerns?
  - What is your level of pain (1 - 10) RIGHT now?
  - What relieves your symptoms?
  - What makes them feel worse?
  - Are your symptoms the result of ANY type of accident?
  - Please identify any other injuries to your spine that the doctor should know about:
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## *PAST HISTORY*

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- Have you suffered with any of this or a similar condition in the past?
  - When was the last episode?
  - Have you ever been treated by anyone for this in the past?
  - When were you treated and by whom?
  - Please state the type of treatment and the results of the treatment:
  - Have you had any spine or disc surgeries? If yes, please describe:
  - How does this pain affect your daily activities?
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## INFORMED CONSENT

Every type of health care is associated with risk. We want you to be informed about any potential risks associated with spinal decompression & chiropractic care. Spinal decompression is a specific treatment utilizing a spinal decompression machine known as a DRX-9000. Chiropractic care is the specific movement of joints by hand or with an adjusting instrument. In our office, trained assistants may be utilized to assist the doctor with portions of your care including the consultation, examination, decompression treatment, therapy, & exercise instruction. On the occasion when your doctor is unavailable, your care may be handled by another doctor or trained assistant.

**NO Assurance Of Result:** Spinal decompression & chiropractic is a system of health care delivery. As with any health care delivery system, we cannot promise or guarantee a positive resolution or cure for your symptoms, disease, or conditions. We strive to provide you with quality care and if your symptoms, disease, or conditions are not resolved, we will refer you to another health care provider.

**Soft Tissue Injury Or Soreness:** Soft tissue primarily refers to muscles and ligament. It is possible during your treatment to experience soft tissue discomfort which may result in a temporary increase in pain and or soreness. Additional treatment may be necessary. Inform your doctor if you have any increase in pain.

**Physical Therapy Burns:** In certain situations ice may be applied during your treatment. Everyone's skin has different sensitivity to ice. Ice or heat may burn or irritate the skin. The result is a temporary increase in skin pain and may result in blistering or reddening of the skin. Inform your doctor if you have any skin irritations during your treatment.

**Rib Fractures:** The ribs are found only in the thoracic spine or mid back. While spinal decompression does not treat thoracic conditions it is possible, although rare, that a chiropractic adjustment will fracture a rib especially on patients who have weakened bones from conditions such as osteoporosis. We care for all patients carefully, and especially with those who have known osteoporosis. Inform your doctor if you have advanced osteoporosis or any other underlying condition that may weaken the bones.

**Stroke:** While stroke is NOT a risk of spinal decompression it is considered a potential risk of certain chiropractic adjustments. The results can be temporary or permanent dysfunction of the brain, or sometimes death. The chiropractic adjustment that is most often related to vertebral artery stroke is called extension-rotation-thrust atlas adjustment which we do NOT perform in this office. While rare, other types of neck adjustments may also result in vertebral artery strokes.

**Do you understand the statement above?**

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*Print Patient Name*

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*Patient Signature*

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*Date*