

# ABOUT THE PATIENT

McGuire Total Wellness 6780 Southwest Ave, St. Louis, MO 63143

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender  M  F Preferred Pronouns \_\_\_\_\_  
 Significant Other's Name \_\_\_\_\_ Kid's Names and Ages \_\_\_\_\_  
 Your Employer \_\_\_\_\_ Type of Work \_\_\_\_\_  
 e-Mail Address \_\_\_\_\_ Have you been to a chiropractor before?  No  Yes  
 Emergency Contact \_\_\_\_\_ ph. # \_\_\_\_\_  
 Name of Medical Doctor(s) \_\_\_\_\_

- I authorize the doctor or his staff to render care as deemed appropriate for me and / or my child.
- I authorize MTW to release and/or request records to or from other providers as may be necessary.
- I understand I am responsible for all bills incurred in this office.
- I authorize assignment of my insurance benefits (if applicable) directly to the provider.
- Person responsible for this account if other than the patient? \_\_\_\_\_
- I understand that after any initial promotional services all care is rendered at usual and customary fees.
- For my balance, my preferred payment method is:  Cash  Check  Credit Card  Car/Work Ins.

\_\_\_\_\_  
 Patient / Parent Signature

(This represents a long-term authorization for all occasions of service)

\_\_\_\_\_  
 Date

## REASON FOR SEEKING CARE

### PRESENT COMPLAINTS

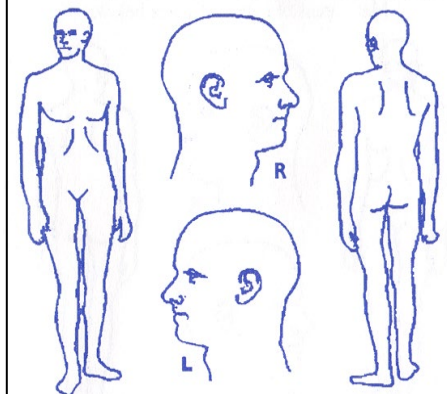
1. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
2. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
3. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
4. \_\_\_\_\_ How long has this been an issue? \_\_\_\_\_  
 Is it:  Dull  Sharp  Ache  Numb / Tingle  Stabbing  Constant  Occasional  Staying the same  Getting worse  
 Mild  Moderate  Severe  Worse in the morning  Worse in evening  Pain radiates to \_\_\_\_\_
5. Does your condition affect:  Sleep  Work  Daily Routine  Sitting  Driving
6. What makes it better? \_\_\_\_\_
7. What makes it worse? \_\_\_\_\_
8. What Doctor's have you seen for this? \_\_\_\_\_  
 \_\_\_\_\_
9. Type of treatment: \_\_\_\_\_
10. Results: \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are you pregnant?**

- Yes  No

Please mark all areas of concern.



# GENERAL HEALTH HISTORY

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Patient Name \_\_\_\_\_

*Mark the conditions that apply to you.*

**Past Present**

- Headaches
- Migraines
- Shortness of Breath
- Allergies / Asthma
- Medication Side Effects
- Diabetes
- Hands or Feet cold
- Muscle aches
- Trouble Walking
- Leg / Foot Numbness
- Fainting
- Gall Bladder Trouble
- Ringing in Ears
- Ear Problems
- Sleeping Problems
- Vision Problems
- Thyroid Problems
- Liver Disease
- Kidney Problems
- Light Bothers Eyes
- Other \_\_\_\_\_

**Past Present**

- Urinary Problems
- Easy Bruising
- Tobacco Use
- Dental Problems
- Fibromyalgia
- Blood Thinner use
- HIV Positive
- Cancer
- Depression
- Alcohol Use
- \_\_\_High or \_\_\_Low Blood Pressure
- Stroke History
- High Cholesterol
- TMJ
- Digestive Problems
- Pain all Over
- Tension / Irritability
- Chest Pains
- Heart Pacemaker
- Heart Problems

1. List any medications you are taking: \_\_\_\_\_

2. Please list all doctors you are currently seeing: \_\_\_\_\_

3. Has any Doctor or other professional advised you to "Go to a Chiropractor ":  No  Yes, Name \_\_\_\_\_

## PAST HISTORY

4. List any past auto collisions: \_\_\_\_\_ Was any care received? \_\_\_\_\_

5. List any past work injuries: \_\_\_\_\_ Was any care received? \_\_\_\_\_

6. List any past sport, recreational, or home injuries \_\_\_\_\_

7. Please describe any past conditions and treatment received: \_\_\_\_\_

8. Please list any past hospitalizations and surgeries: \_\_\_\_\_

## FAMILY HISTORY

Father's side:  Heart Disease  Cancer  Diabetes  Heavy Medication use  Arthritis  Other \_\_\_\_\_

Mother's side:  Heart Disease  Cancer  Diabetes  Heavy Medication use  Arthritis  Other \_\_\_\_\_

Is there any other family history you want us to know? \_\_\_\_\_

## **Paying for your care is easy here!**

### **Mark which one is you:**

- No Insurance:**
  - Easy! Our Care Plans and simple payment arrangements have helped many people and will work great for you too!
  
- Health Insurance:**
  - These days, insurance pays very little if anything for natural drugless care to get you healthy. So we make it easy!
  - We will verify any benefits you may have and send your claims in to your insurance for you.
  - If they pay anything after your deductible is met, we will accept payment directly from them.
  - You are responsible for any deductible, co-insurance, co-pays and unpaid visits.
  - Of course you can use your HSA, HRA and Flex dollars here!
  - For your convenience, all payment arrangements are made in advance. We will never surprise you with a bill in the mail.
  
- Auto Injury**
  - Auto related injuries are covered 100% in Missouri. Even if you were at fault or were a passenger. You can get the care you need, and it costs you nothing. Great for you!
  - All we need is your claim number and insurance information.
  
- Medicare**
  - Medicare pays for much of your care making it quite easy.
  - We simply need a copy of your Medicare card.
  - Medicare supplements normally don't pay anything.

**You have made a great decision to get care here!**

***Our goal is to be your family chiropractor for life!***

# INFORMED CONSENT FOR CHIROPRACTIC CARE

I hereby give my consent to the performance of diagnostic tests and procedures and chiropractic treatment or management of my condition(s).

**The nature of chiropractic treatment:** Chiropractic treatment or management of conditions almost always includes the chiropractic adjustment, a specific type of joint manipulation which the doctor will use his/her hands or a mechanical device to move your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound or dry hydrotherapy may also be used.

**Possible risks:** Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with the chiropractic adjustment are extremely rare. The following are the known risks associated with chiropractic care:

1. *Temporary soreness or increased symptoms or pain* – It is not uncommon for patients to experience temporary soreness or increased symptoms or pain after the first few treatments.
2. *Dizziness, nausea, flushing* – These symptoms are relatively rare. It is important to notify the chiropractor if you experience these symptoms during or after your care.
3. *Fractures* – When patients have underlying conditions that weaken bones, like osteoporosis, they may be susceptible to fracture. It is important to notify your chiropractor if you have been diagnosed with a bone weakening disease or condition. If your chiropractor detects any such condition while you are under care, you will be informed, and your treatment plan will be modified to minimize risk of fracture.
4. *Disc herniation or prolapse* – Spinal disc conditions like bulges or herniations may worsen even with chiropractic care. It is important to notify your chiropractor if symptoms change or worsen.
5. *Stroke* – A certain extremely rare type of stroke has been associated with chiropractic care. Although there is an association between this type of stroke and chiropractic visits, there is also an association between this type of stroke and primary care medical visits. According to the most recent research, there is no evidence of excess risk of stroke associated with chiropractic care. The increased occurrence of this type of stroke associated with both chiropractic and medical visits is likely explained by patients with neck pain and headache consulting both Doctors of Chiropractic and primary care medical doctors before or during their stroke. The risk of cerebrovascular injury or stroke has been estimated at one in one million to one in twenty million and can be even further reduced by screening procedures.
6. *Other risks* associated with chiropractic treatment include rare burns from physiotherapy devices that produce heat.
7. *Bruising* – Instrument assisted soft tissue manipulation may result in temporary soreness or bruising.

**Risks of remaining untreated:** Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I understand that the practice of chiropractic, like the practice of all healing arts, is not an exact science, and I acknowledge that no guarantee can be given as to the results or outcome of my care.

**I have read the explanation above of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.**

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

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

# OFFICE POLICY

McGuire Total Wellness 6780 Southwest Ave St . Louis, MO 63143

## SPINAL CHECK-UP:

- We recommend everyone have their spine checked early for spinal problems. Prevention is the best medicine.
- Children especially to see if their spine is developing abnormally. A spinal check-up is easy and fun for kids.

## WE ALSO OFFER:

- Supplements, ice packs, nutritional/exercise counseling.
- *Please ask if you have any questions about these services!*

## AGREEMENTS FOR TOP RESULTS:

- Remember it takes time and effort to improve your health. *No time + No effort = No results*
- Please keep your appointments and make-up any missed or rescheduled visits within a day whenever possible.
- Please call if you are going to be late or need to reschedule.
- Feel welcome to refer your family and friends in for care. We are here to help them too.
- If you're paid ahead, understand you will get any unused money back if care ends early.
- I agree to allow my/family name, photo, video, or testimonial to be used during the normal course of business.
- I understand that adjusting time is for adjustments and I can always talk to the Doctor by special appointment or phone call. He is here to help you any way he can. We want you to do great! 😊

## OFFICE VISITS MAY INCLUDE:

- **SpecificChiropracticAdjustments** to promote mobility, stimulate tissue, enhance alignment. This is when the Doctor works directly on your neck or back, sometimes making a popping sound. **\$50 to \$70**
- **ExtremityAdjustments** to promote mobility, stimulate tissue, enhance alignment of extremity joints. **\$45**
- **Inter-segmental/ Mechanicaltraction** to tense / relax soft tissues, aid healing and mobility. This is the black table with the rollers that effectively extend, stretch, and traction the spine. **\$45**
- **Myofascial release**, muscle work to reduce muscular adhesions and aid healing. This is commonly called 'Massage' or "Trigger point Therapy" and can be performed in sessions of 15 to 90 minutes. **\$45 per unit**
- **Supports/Pillow/Braces** if needed and as priced.
- **Missed Appointment/Late Cancellation**. When we miss appointments, it is unfair to others who could have that time slot. For every missed appointment, or late cancellation less than 24 hours notice, there will be a charge. **\$27 per appointment**

Patient: \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_