

# Welcome to The Human Joint!

## We promise to do our very best to help you!



**Think of The Human Joint as a group practice.** Our promise to you is this: All of the doctors who work in this office will share the same philosophy of wellness, use the same adjustive techniques, and keep records that can be read and understood by each other. If, on occasion, the doctor you are scheduled with is unavailable, another completely qualified doctor may fill in without prior notification.

**Please fill out this patient questionnaire as completely and accurately as possible.** Here is our promise to you: This is an extensive written history because the more information that we have about you, your past and current health concerns, your family history, and your lifestyle the more effective we will be in helping you along your path to better health.

**We promise that our consultation will be thorough, and that we will endeavor to learn as much as possible about you and your health concerns.** Ours is a Whole-Body, Whole-Mind, Whole-Spirit approach to wellness. We may ask questions which seem at first to be far removed from your area of concern. However, rest assured that our eyes, ears, and hands are always searching for answers to your specific questions and concerns. You help us most when you are open, honest, and complete.

**Our treatment recommendations will be made according to our consultation and examination findings, as well as how you respond to your early adjustments.** We promise: NO "COOKBOOK" RECOMMENDATIONS. Our suggestions regarding frequency of visits, "home work," and lifestyle changes will be as individual as you are. We may suggest re-exams occasionally to check your progress. Changes in the treatment schedule should ideally follow your improvement rather than outside influences such as hectic schedules or financial constraints. It is our hope that together we can arrive at a treatment schedule which is realistic in both time and financial investment for you.

**There are several levels of care available at The Human Joint:** Please give some thought to where you would place yourself on this list. We welcome you at whatever level you choose.

**Relief Care Only:** You are in pain. You choose to come in only when you are in pain, you stop coming when pain relief is attained, and you will only return for care when you are in pain again.

**Relief Care with an openness to Corrective Care and/or Wellness Care:** You are in pain and have an immediate goal of pain relief. However, you also understand that many future flare-ups may be avoided and your overall health can be improved with proper care. You are interested in maintenance or wellness care once this particular acute episode is corrected and resolved.

**Corrective Care:** You have some level of ongoing, mild to moderate, chronic symptoms which are the result of past trauma or daily wear & tear. You come here to receive corrective care. You know that your body functions more normally after each chiropractic adjustment than it did before the adjustment, and that your existing health concerns will go on to become more and more symptomatic unless you make a commitment to better health, which will include regular "tune up" adjustments and possibly some lifestyle changes.

**Wellness Care:** At this level, you are rarely in pain or any discomfort. You come here to receive wellness care in order to ensure that your body keeps functioning optimally and so that you may continue to feel your best. You understand that your level of pain or other symptoms, (or lack thereof), are not necessarily an accurate gauge of how healthy you are, since imbalances of your structure can exist with few symptoms while silently compromising your overall health.

The Human Joint  
40 West Louisiana Avenue Denver, Colorado 80223  
303.744.6567 phone 303.733.6567 fax  
[www.thehumanjoint.com](http://www.thehumanjoint.com)

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #s: (hm) \_\_\_\_\_  
(wk) \_\_\_\_\_  
(cell) \_\_\_\_\_  
(pg) \_\_\_\_\_  
(fax) \_\_\_\_\_

Your email address: \_\_\_\_\_

Your Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Occupation: \_\_\_\_\_  
\_\_\_\_\_

Your Spouse's Name: \_\_\_\_\_

Your Spouse's Date of Birth: \_\_\_\_\_

Your Spouse's Employer: \_\_\_\_\_  
\_\_\_\_\_

Your Spouse's Occupation: \_\_\_\_\_  
\_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M F

Your Status: S M D W DP

FT Employed \_\_\_\_\_

PT Employed \_\_\_\_\_

Retired \_\_\_\_\_

FT Student \_\_\_\_\_

PT Student \_\_\_\_\_

What is the cause of your symptoms?:

Your employment?	Y	N	
A vehicle crash?	Y	N	What state? _____
Home accident?	Y	N	
Other accident?	Y	N	
Illness?	Y	N	
Unknown?	Y	N	

How did you hear about our office? \_\_\_\_\_

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Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Do you have any previous chiropractic experience? Y N If so, please tell us approximately how many years you have been under care \_\_\_\_\_, with how many different Doctors of Chiropractic \_\_\_\_\_, have you been satisfied with your care Y N, and when (approximately) was your most recent adjustment \_\_\_\_\_?

Do you see primary care physicians or medical specialists regularly? Y N If so, please list their names and specialties, and the approximate date of your last visit. \_\_\_\_\_

\_\_\_\_\_

How many prescription and over the counter medicines are you currently taking? \_\_\_\_\_ Who is monitoring your use of these medicines? \_\_\_\_\_

Please list any condition that the doctor here should be aware of: \_\_\_\_\_

\_\_\_\_\_

Have you ever ridden in an ambulance or been treated on an emergency basis anywhere, for any reason? Y N Please explain: \_\_\_\_\_

\_\_\_\_\_

Please list all surgeries you have had in the last 5 years: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any spinal or other joint surgery? Y N Please explain: \_\_\_\_\_

\_\_\_\_\_

**Ladies**, is there any chance that you are pregnant at this time? Y N

Name of your Midwife: \_\_\_\_\_

Doula: \_\_\_\_\_

OB: \_\_\_\_\_

EDD: \_\_\_\_\_ How many weeks: \_\_\_\_\_

Where will you be delivering? \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## The Doctor-Patient Relationship

### Informed Consent

Please discuss any questions that this agreement brings up with a doctor before signing.

Chiropractic health care seeks to restore health through natural means without the use of drugs or surgery. This gives the body maximum opportunity to utilize its innate healing powers and heal itself.

A Doctor of Chiropractic conducts a clinical analysis for the purpose of determining whether there is evidence of Vertebral Subluxation Complex (VSC). Chiropractic adjustments and ancillary procedures may be administered in an attempt to restore spinal integrity. Due to the complexities of the human body and nature, no doctor can promise you specific results. Every chiropractic patient should be mindful of his or her own symptoms and should seek other opinions if he or she has any concern as to the nature of his or her total condition. You are always responsible for the decisions which concern your health.

In coming to this office and signing this form, you have granted all of the Doctors of Chiropractic at The Human Joint, and any qualified visiting Doctor of Chiropractic, permission and authority to examine and treat you or your minor child. You authorize the performance of chiropractic adjustments and other chiropractic procedures, as well as various modes of adjunctive therapy. The chiropractic adjustment and other clinical procedures are usually beneficial and seldom cause any problem. However, in rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The Doctor of Chiropractic will not render a chiropractic adjustment or other procedures if they are aware that such care may be contra-indicated. The doctors will not be responsible for any pre-existing medically diagnosed condition or for any medical diagnosis of which they have not been made aware. We also want you to be comfortable. Therefore, if you would like to stop, for any reason, at any point during examination or treatment, please make this known to the doctor.

**I have read, and I understand the above statement of Informed Consent.**

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

### Financial Agreement

Please discuss any questions that this agreement brings up with a doctor before signing.

***I agree that I am responsible for all expenses incurred at The Human Joint. If I have insurance, I understand that my insurance benefits exist as part of a contract between me and my insurance company, and that The Human Joint may provide insurance billing or paperwork as a convenience to me. As a part of this service, The Human Joint may call my insurance company to attempt to obtain information about policy terms and coverage for chiropractic care. I understand that, despite this service, it is possible that inaccurate information may be given by my insurance company regarding my policy terms and coverage for chiropractic care. If proper insurance verification procedures are followed, I will not hold The Human Joint responsible for inaccurate information given by my insurance company.***

With this signature, I hereby authorize payment by my insurance company directly to The Human Joint all benefits which may otherwise be payable to me for services rendered. I authorize The Human Joint to release any information required to secure the payment of benefits. I authorize the use of this signature for all insurance submissions.

**I have read, and I understand the above Financial Agreement.**

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

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[www.WellFirst.com](http://www.WellFirst.com)