New Patient Intake

For workshops, health fairs, and introductory visits

01 Patient information

Name

Date of birth

Phone

Email

Address (Street, City, State, ZIP)

02 Chief complaint & history

Primary reason for today's visit

Onset (when did it start?)

Duration

How it started (injury, gradual, accident, etc.)

03 Pain characteristics

Check all that apply:

- ☐ Sharp
- ☐ Dull/Aching
- ☐ Burning
- ☐ Tingling
- ☐ Numbness
- ☐ Radiating
- ☐ Stabbing
- ☐ Throbbing
- ☐ Constant
- ☐ Intermittent
- ☐ Shooting
- ☐ Stiffness

Current pain level (circle)

0 1 2 3 4 5 6 7 8 9 10

No Pain — Worst Pain

04 Treatment goals

What would you like to be able to do that you can't do now?

Previous chiropractic care? (When / Where)

I certify the above information is correct to the best of my knowledge and authorize Middleton Chiropractic to examine my condition.

Patient Signature

Date

Terms of Acceptance

Chiropractic philosophy & informed consent

Our approach - Straight Chiropractic

Middleton Chiropractic focuses on locating, analyzing, and correcting vertebral subluxations - spinal misalignments that interfere with the nervous system. We do not diagnose, treat, or attempt to cure any disease, condition, or symptom.

The Big Idea: The power that made the body heals the body - through the nervous system, from above down and inside out.

What we do / don't do

We DO:
- Locate & analyze subluxations
- Deliver specific spinal adjustments
- Remove nerve interference
- Suggest home-care support

We DO NOT:
- Diagnose or treat diseases/symptoms
- Provide electrical or ultrasound therapy
- Guarantee specific health outcomes
- Replace medical care when needed

Note: Pain relief, improved mobility, and better overall health are beneficial side effects of removing nerve interference - not the primary goal of care.

Your agreement - by signing below you acknowledge:

- You seek care for correction of vertebral subluxations and removal of nerve interference.
- Chiropractic care is not a treatment for disease, and no such claims have been made.
- Your body has an innate ability to heal itself when nerve interference is removed.
- Symptomatic relief (if experienced) is a side effect of subluxation correction, not the primary goal.
- You have had the opportunity to ask questions and are entering care voluntarily.
- You may discontinue care at any time.

Informed consent

I consent to chiropractic care at Middleton Chiropractic. I understand that adjustments involve joint movement and may result in temporary soreness. I understand serious complications are rare and I have had the opportunity to discuss risks, benefits, and alternatives with the doctor.

Patient Name (print) _____ Date _____

Patient Signature _____ Date _____

Doctor Signature _____ Date _____

Notice of Privacy Practices

45 CFR §164.520 | For workshops, health fairs & introductory visits

This notice describes how your medical information may be used and disclosed and how you may access it. Please review it carefully.

Permitted uses & disclosures

We may use/share your PHI without additional authorization for:
• **Treatment:** Coordinating care, provider consultations, referrals.
• **Payment:** Billing insurers or third-party payers.
• **Health Care Operations:** Quality improvement, audits, training.
• **As Required by Law:** Court orders, public health, law enforcement.
• **Business Associates:** Contractually bound to protect your PHI.

Special protections

• Psychotherapy notes: Written authorization required.
• HIV/AIDS, Substance Abuse, Mental Health: Extra state/federal protections apply.
• Genetic Information: Not used for underwriting.
• Marketing & Sale of PHI: Requires your written authorization.

Our legal duties

We are required by law to:
• Maintain the privacy and security of your PHI.
• Provide this notice and follow its terms.
• Notify you promptly if a breach of your PHI occurs.
• Post current notice in our office and on our website.
We reserve the right to change this notice; changes apply to existing and new PHI.

Contacts & complaints

Privacy Officer - Middleton Chiropractic
[Address] | [Phone] | [Email]

HHS Office for Civil Rights
200 Independence Ave SW, Washington DC 20201
www.hhs.gov/hipaa
You may file a complaint without fear of retaliation.

Your rights regarding your health information

Inspect & Copy: Request a copy of your records; a reasonable fee may apply.
Amend: Request corrections to inaccurate or incomplete records.
Accounting of Disclosures: List of certain disclosures made in the past 6 years (excludes TPO).
Request Restrictions: Limit use/disclosure of PHI; we must agree if you pay out-of-pocket in full.
Confidential Communications: Ask us to contact you by alternate means or at a specific location.
Paper Copy: Request a paper copy of this notice at any time, even if received electronically.
Opt Out of Fundraising: Opt out of any future fundraising communications from our practice.

Acknowledgment of Receipt: By signing, you confirm receipt of this notice and understand you may request a full copy at any time.

Patient Name (print) _____ Date _____

Patient Signature _____ Date _____

Effective Date: _____ Last Reviewed: _____