

ON THE GO CHIRO

Dr. Tory Brooks, Chiropractic Physician 3250 N. Campbell Ave., Ste.132, Tucson, AZ 85719 **520.881.0650**

Patient's Name: _____ Date: _____

Please list all serious illness and serious accidents: **Month and Year** **City, State**

Please list any recent x-rays, lab or other tests: **Date** **Facility/Doctor**

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING DISEASES?

Tuberculosis	<input type="checkbox"/> Yes	Lung Disease	<input type="checkbox"/> Yes	Gout	<input type="checkbox"/> Yes	Diabetes	<input type="checkbox"/> Yes
Kidney Disease	<input type="checkbox"/> Yes	Stomach/Ulcer	<input type="checkbox"/> Yes	Heart Disease	<input type="checkbox"/> Yes	Hepatitis	<input type="checkbox"/> Yes
Sciatica	<input type="checkbox"/> Yes	Blood Pressure	<input type="checkbox"/> Yes	Transfusion	<input type="checkbox"/> Yes	Polio / MS	<input type="checkbox"/> Yes
Colon Disease	<input type="checkbox"/> Yes	Stroke	<input type="checkbox"/> Yes	Cancer	<input type="checkbox"/> Yes	Bleeding	<input type="checkbox"/> Yes
Paralysis	<input type="checkbox"/> Yes	Seizures	<input type="checkbox"/> Yes	Arthritis	<input type="checkbox"/> Yes	Asthma	<input type="checkbox"/> Yes
Anemia	<input type="checkbox"/> Yes	Thyroid Disease	<input type="checkbox"/> Yes	Drug Dependence	<input type="checkbox"/> Yes	AIDS	<input type="checkbox"/> Yes

Any other condition(s) not listed above that the doctor should be made aware of:

HIPAA Compliance

ON THE GO CHIRO is required by law to maintain the HIPAA Notice of Privacy Practices. This notice explains our legal duties and privacy practices with respect to your protected health information. Signature below acknowledges that I have read this Notice of our Privacy Practices. A copy will be provided to me upon request.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Staff Initials: _____

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Informed Consent

The nature of chiropractic manipulation: I will use either my hands, an instrument or both to move the joints of your body; this may result in an audible "pop" or "click".

The material risks inherent in an adjustment: As with any healthcare procedure, there are certain complications that may arise during a chiropractic manipulation. This may include: strains, dislocations, fractures, disc injuries and stroke. This list is not all inclusive.

The probability of those risks: Fractures are rare and can result from an underlying weakness in the bones. The other complications listed are considered rare. One source states that stroke is a possible occurrence in 1/1,000,000 cases or higher, even so we employ tests during our examination to identify if you may be susceptible to that kind of injury.

Ancillary treatments recommended: Ice, Moist Heat Packs, Cervical Traction and Non-Invasive Neurostimulation Treatment System.

Risks involved with the recommended ancillary treatments: Ice and Moist Heat Packs can cause burning. Cervical Traction can cause temporary post-treatment soreness or reflex muscle spasms. This list is not all inclusive.

Other treatment options for your condition can include: Medical care with prescription drugs, self management with over-the-counter medication, rest, and/or surgery. There are material risks inherent in each of these options including but not limited to: addiction to medication, side effects of medication, improper self dosages and surgical risks including complications from either the procedure and the anesthesia.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

I have read or have had read to me the above explanation of the chiropractic adjustment and the related treatment. I have discussed it with the doctor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and I have decided that in was in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment.

Patient Printed Name _____ **Date** _____

Patient Signature _____ **Dr.** _____

The patient had the following questions and was supplied the following answers:

It is my clinical opinion this patient is oriented to time and space: Yes No

It is my clinical opinion this patient was able to understand the language involved: Yes No



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www.OTGC.net

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Thank you for choosing On The Go Chiro as your chiropractic provider. We are committed to providing you with quality and affordable chiropractic care. Please read our payment policy and ask us any questions you may have before you sign in the space provided below.

Time of Service(TOS) Fee Reduction

On The Go Chiro provides a time of service (TOS) reduction off of Arizona’s usual and customary fees. Payment is due at the time of service. The most commonly used TOS fees are posted on the (TOS) discount fee board at the front desk. We accept Cash, Visa, MasterCard, Discover and American Express. We **DO NOT ACCEPT CHECKS**.

Discount Pre-Pay Packages

On The Go Chiro offers pre-pay packages that reflect a discount for purchasing a package in advance. **All packages must be used within 12 months from the date of purchase. Packages may not be shared.** We offer pre-pay packages in the amount of 4 packs, 8 packs, 16 packs and 32 packs of chiropractic adjustments, Fenzian treatments and intersegmental traction (10 min session).

Refunds on Pre-Pay Packages *(All refunds must be approved and processed by the Practice Manager)*

If a refund is requested, the discount fee no longer applies. The full fee for each treatment that was used will be deducted from the total amount paid. If you paid with credit card, we will credit the amount of refund back to your credit card used for the initial payment. If you paid with cash, you will receive a check refund within 10 business days.

Auto Accident Cases and Workman’s Compensation Cases

On The Go Chiro accepts patients involved in an auto accident based on a medical care lien. We will accept payments from the “at fault” auto insurance company/attorney for treatment rendered in our office when your case settles. You are responsible for providing the information requested by our office so we can perform a case analysis. If you are approved for a medical care lien, we will file a medical care lien with Pima County Recorder’s Office. All treatment rendered in our office with a medical care lien will be charged Arizona’s usual and customary fees (U & C). A list of the U & C fees will be provided during the initial appointment. If you have medical payment benefits with your auto insurance co., we will bill U & C fees to your insurance company on your behalf. Please be aware that your outstanding medical bills are your responsibility whether or not the insurance company pays your medical bills. If you have an outstanding balance after your case closes, you have 30 days to pay the balance in full or set up a reasonable payment plan with the Practice Manager.

All Workman’s Comp. cases will be billed directly to the Workman’s Comp. Insurance Co. on your behalf. We charge Arizona’s U & C fees for all Workman’s Comp. cases. The time of service discount **does not apply**. A list of the U & C fee schedule will be provided to you.

I have read and understand the payment policy and agree to abide by its guidelines.

Patient Print name

Signature of patient or responsible party

Date signed