

Bender Chiropractic Health and Vitality Center
NEW PATIENT INFORMATION FORM

Page 1 of 2

Please print clearly:

Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Shipping Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

e-mail address: _____

REFERRED BY: _____

Occupation _____ Employer _____

Date of Birth _____ Age ____ Sex: M/F Height ____ Weight ____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint _____

Other complaints or problems: (use separate sheet if needed) _____

Current medications/drugs being taken: (use separate sheet if needed) _____

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes _____ Coffee _____ Alcohol _____

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Page 2 of 2

Name: _____ Date _____

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approx. date: _____

Past Accidents or injuries: _____

Marital Status: S M D W Name of Spouse _____

Describe health of spouse: _____ Number of children if any _____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other _____

Any household pets or other animals you or family members are in close contact with: _____

What can we do to make you happier? _____

SIGNED: _____ DATE _____

WELLNESS CHECK QUESTIONNAIRE

Thank you for taking the time to complete the Wellness Check Questionnaire.

YOUR FULL NAME

First Name

Last Name

Please fill out the following questions to the best of your ability.

	Rare / Never	1-3 times a month	1+ times per week / New condition
1. Stomach Discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Lung Congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Dehydrated or thirsty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Gas-type indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Circulation problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Intestinal upsets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Yeast infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Burping or belching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Hoarseness or laryngitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Swollen feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Fats hard to digest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Sweat easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Alcohol intolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Cold sores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nose discharge or dryness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Bladder problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Earaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Restless sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Abdominal bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Athlete's Foot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Mucus in throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Sensitivity to touch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Sensitivity to cold air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Grinding of teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Variable appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Crave carbohydrates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Gums bleed easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Skin rash/irritations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Urination problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Finger nail problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Burning in soles of feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Nose itches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Crave sugar-type foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Feelings of nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Eczema or dry skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Hearing/Ear sensitivities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Jaw problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Headaches from the sun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Loss of libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Film/Coating on tongue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Allergy-type symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Anxiety/Nervous feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Carpal Tunnel symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Lack of balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. General flu symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Arthritic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Fatigued and irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Overly sensitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Sensitive scars on body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Lack of coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Body achiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Tooth pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Hay Fever symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Weeping or sobbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Localized itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Acid Reflux symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Sinus/Head pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. Muscular pain/spasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Dizziness or vertigo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Stiffness in joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Stomach cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Overexertion pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Migraines or headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Voracious appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Strained ligaments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Trouble swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. High temperature/fevers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Bone pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Sporadic low back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Feeling overworked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Hemorrhoids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Heartburn-type pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. Ears feel under water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. General aches and pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

Section 8: Notice of Privacy Practices Acknowledgement
Initial Uses Authorization Form
Bender Chiropractic Health and Vitality Center

Effective: 4-15-2003

By signing this form, you acknowledge that you were presented with a copy of the Notice of Privacy Practices of Bender Chiropractic Health and Vitality Center. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. The most current Notice of Privacy Practices will be placed on display in the office at all times. You may obtain additional copies of our most current notice by requesting it from our privacy official, Dr. William L. Bender

Bender Chiropractic Health and Vitality Center also uses protected health information for the following reasons: (you may opt out of this authorization). Marketing; internal referral board, testimonials, pictures on bulletin board, or information unrelated to healthcare and other marketing materials. _____ (please initial to give us authorization)

If you have any questions regarding this notice or our health information privacy policies, please contact:

Dr. William L. Bender

You can reach the Privacy Official at: Bender Chiropractic Health and Vitality Center, 33580 Harper Avenue, Clinton Township, MI, 1-586-738-6833

Hours Available: A message may be left for our privacy official any time the clinic is open and your call will be returned within 7 business days.

Your Email address: _____ (you may receive PHI through email)

Print Patient Name: _____

Signature Patient/Personal Representative: _____

Relationship of Personal Representative: _____

Date of Signature: _____

=====

Staff complete only if NO signature is obtained, If it is not possible to obtain the patient's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices
Other:

Staff Signature: _____ date: _____

New Patient Cancellation Policy Script

Scheduling and 1st email

After you have scheduled the new patient's appointment (with address), say:

"OK, great! Now to reserve your spot, we need to get a credit card on file. We won't charge the card now; we just ask for at least 24 hours' notice if you need to cancel or reschedule. If we don't receive that notice, a \$25 cancellation fee will be charged to the card. But when you reschedule, that amount will be applied to your new patient appointment.

After we wrap up, I'll email you all the details, including our cancellation policy."

If the patient asks why there's a cancellation fee or voices concern or pushback:

- "We reserve about an hour for you with our doctor and clinical assistant, so short-notice cancellations create a huge gap in our schedule where we can't help other patients."
- "Many offices require payment upfront nowadays, but we only charge the card if we don't get a 24 hour notice."

If the patient asks about emergencies

"If there's an emergency, just call us as soon as you can. We're usually able to waive the fee in true emergency situations."

If the patient is uncomfortable providing CC info over the phone:

"I understand your concern but just so you know, our system is completely protected to safeguard your information. So would you be ok with sharing that number?"

OR

"We can't run your card without your permission."

If they still don't feel comfortable giving the CC info:

"Ok, I'll go ahead and make an exception because I want you to get the help you need."

Email cancellation notice

We ask for at least 24 hours' notice if you need to cancel or reschedule your new patient appointment. If we don't receive that notice, a \$25 cancellation fee will be charged to the card on file.