

Rejuvenations Chiropractic Care Center * Dr. Ronald M. Repice, II *Chiropractic Neurologist*

Patient Name _____ DOB _____ Age _____ Ht _____ Weight _____

SS # _____ Occupation: _____ Spouse Name _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Sex: Male _____ Female _____ Marital Status (circle) S M D W

Home Phone _____ Cell Phone _____ Seasonal Resident ___ Y ___ N

Employer _____ Wk Phone _____ Emergency _____

Wk Address _____ City _____ State _____ Zip _____

Who Referred you here? _____ **Have you been to a Chiropractor before?** ___Y___N___

Date of Injury or accident _____ N/A * Auto * Work Comp * Slip & Fall * Other _____

Main Reason For This Visit _____

Has this problem been getting: ___ Better ___ Worse ___ Staying The Same

What makes it better: _____ What makes it worse: _____

Has this condition affected your: ___ Work ___ Home ___ Sleep ___ Digestion ___ Elimination ___ Circulation ___ Nerves

___ Hearing ___ Sitting ___ Walking ___ Standing ___ bending ___ Lifting ___ Riding Other: _____

Hobbies ___ Exercise: ___ Walk ___ Bike ___ Swim ___ Golf ___ Tennis ___ Fish ___ Arts/Crafts – Other: _____

Date of Last Physical Exam _____ Are you currently Under Medical Care? (circle) Y N Why? _____

Family Physician (Name & Address) _____

List any Allergies You Have (Drugs, Food, Hay Fever, Other) _____

List any Vitamins / Medication You Are Taking _____

Describe Your Medical History _____

List Any Previous Surgeries _____

Family History (Mom, Dad, Siblings) _____

Release of Information: I authorize the physician(s) to release any information acquired during my examination or treatment.

I understand that I am directly & fully responsible to Dr. Ronald M. Repice, D.C. & Rejuvenations for Chiropractic / Medical Services rendered and that this agreement is solely made for Dr. Repice and Rejuvenations additional protection and in consideration of his awaiting payment. Should Collection procedures become necessary, for any reason, to collect the amount due Rejuvenations & Dr. Repice for your treatment, additional charges for attorney's fees & interest will be added to the balance owed for treatment.

I further understand that such payment is not contingent on any settlement, insurance payment, including the balance remaining after payment of possible insurance benefits, judgment, or verdict by which I may eventually recover said Chiropractic / medical Services.

MEDICARE PATIENTS ONLY: Dr. Ronald M. Repice, II, D.C. and Rejuvenations has advised me that some services provided by this office may not be reimbursed by Medicare. Should Medicare deny payment for any of the services provided, I have advised Dr. Repice that I shall be personally responsible for payment to the doctor.

(X) Patient Signature (Patient or Parent/Guardian if a Minor) _____ **Date** _____

Rejuvenations Chiropractic Care Center

Dr. Ronald M. Repice, II *Chiropractic Neurologist*

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239-331-5886 * Fax 239-913-1411

INFORMED CONSENT & NOTICE OF PRIVACY PRACTICES

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about the potential problems associated with chiropractic care before consenting to treatment. This is called Informed Consent.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a machine. Frequently adjustments create a "pop" or "click" sound / sensation in the area being treated.

In this office, we use trained staff personnel to assist the doctor with portions of your consultation, examination, x-rays, physical therapy, traction, massage therapy, exercise instruction, etc. Occasionally when your doctor is unavailable, another clinic doctor will treat you on that day.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Muscles move bone and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy, etc., may tear some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify their probability.

Disc Herniations: Disc herniations that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. This includes both in the neck and back. Yet, occasionally chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely surgery may become necessary for correction. These problems occur so rarely that there are no available statistics to quantify their probability.

Stroke: Stroke means that a portion of the brain does not receive enough oxygen from the blood stream. The results can cause temporary or permanent dysfunction of the brain. Manipulation & chiropractic adjustments have been, without any certainty, associated with strokes that arise from an artery know as the Vertebral artery. This is because the Vertebral artery is actually found within the vertebra of the neck. Our physicians do not perform any "extension-rotation thrust Atlas maneuvers, which has been thought to be related to a higher risk of Vertebral artery involvement. Again, we Do Not perform this type of adjustment on patients. Other type of neck adjustments may also be related to vertebral artery involvement, but no one is certain. Previous studies and more recent studies estimate that the incident of this type of injury is 1 per every 4 million adjustments. This means that you have a better chance of having a stroke while getting your hair washed at the hairdressers. It also means that your chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single incident.

Rib Fractures: The ribs are only in the middle of your back, know as the Thoracic spine. They extend from your back to your front chest area. Rarely will a chiropractic adjustment crack a rib bone, referred to as a fracture. This occurs mainly with patients that suffer with weakened bones from such things as osteoporosis. Osteoporosis can be noted on an x-ray, as well as a bone density test (DEXA Scan). We adjust all patients very carefully, and especially the elderly and those who have osteoporosis.

Soreness: It is common for patients undergoing chiropractic adjustments, traction, massage therapy, and exercise, etc. to have temporary soreness especially in the region being treated. This is nearly always temporary and occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

Physical Therapy Burns: Some machines we use generate heat. We also use both heat and ice and recommend them for home care when necessary. Everyone's skin has different sensitivity levels to these modalities, and rarely with Ultrasound, Muscle stimulation, heat, ice and formula gel preparations burn or irritate the skin. Please notify the doctor, assistant, or staff member if you have a certain skin allergy or abnormally sensitive skin, so that we may determine a safe and effective treatment plan for you.

There may be other problems or complications that arise from chiropractic treatment other than those noted above. Theses other problems or complications occur so rarely that is not possible to anticipate and / or explain then in advance.

Chiropractic is a safe and effective system of health care delivery and therefore, as with any health care delivery system we cannot promise a cure for any symptom, disease, or condition as a result of treatment in the clinic. We will always give you our best care, and if you are not responding to conservative treatment, we will refer you to another health care provider whom we feel will be able to better assist your situation.

If you have any questions pertaining to any of the information outlined above, please ask your doctor. When you have a full understanding, please sign and date on the area provided below.

HIPPA - NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt of Notice of Privacy Practices

I Acknowledge that I was provided a copy of the Notice of Privacy Practices, and that I have read (or had the opportunity to read, if I so choose to) and understood the Notice.

Patients Initials: _____

Thank you,
Sincerely,

Dr. Ronald M. Repice, II, D.C., D.A.C.N.B.

Patient's Name (Please Print)

Today's Date

Patient's Signature

Parent or Guardians Signature for Minor

**** Please Check off all Symptoms or Conditions that you have had over the past 12 months ****

Musculo-Skeletal

- Neck Pains
- Pain Between Shoulders
- Low Back Pain Right Left Center
- Hip Pains Right Left
- Leg Pains Right Left
- Thigh Pain Right Left
- Front_____ Back_____ Side_____

- Calf Right Left
- Foot Right Left
- Pain in Joints
 - Shoulder Right Left
 - Elbows Right Left
 - Knees Right Left
 - Wrist Right Left
 - Hands Right Left
 - Feet Right Left

- Problems Walking
- Difficulty Chewing
 - Clicking Jaw
 - Locked Jaw

Nervous System

- Headaches
- Numbness
 - Fingers Right Hand Left Hand
 - Toes Right Foot Left Foot

- Other

- Paralysis

- Dizziness

- Forgetfulness

- Confusion

- Depression

- Fainting

- Convulsions

- Cold / Tingling Extremities

General

- Allergies
- Loss of Sleep
- Difficulty Falling Asleep
- Difficulty Staying Asleep
- Fevers
- Vision Problems
- Dental Problems
- Sore Throat
- Ear Aches
- Hearing Difficulties
- Stuffed Nose

Gastro-Intestinal

- Poor Appetite
- Excessive Appetite
- Excessive Thirst
- Frequent Nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver Trouble
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps
- Gas / Bloating after Meals
- Heartburn
- Black / Bloody Stools
- Colitis

Genito-Urinary

- Bladder Trouble
- Painful / Excessive Urination
- Discolored Urine

CardioVascular

- Chest Pain
- Shortness of Breath
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems
- Lung Problems / Congestion
- Varicose Veins
- Ankle Swelling
- Phlebitis

Female ONLY

- When was your last Period? _____
- Are You Pregnant? Y N
- Menstrual Irregularities
- Menstrual Irregularities
- Vaginal Pain / Infections
- Breast Pain / Lumps
- Sexual Dysfunction

Male ONLY

- Difficulty Urinating
- Starting Urine Flow
- Pain or burning
- Discharge
- Loss of Sexual Desire
- Sexual Dysfunction

Current Conditions

- Scarlet Fever
- Rheumatic Fever
- Pneumonia
- Whooping Cough
- Pleurisy
- Tuberculosis
- Heart Disease
- Diabetes
- Cancer
- Polio
- Anemia
- Arthritis
- Auto Immune Deficiency Syndrome
- Sexually Transmitted Disease
- Mental Disorder
- Epilepsy
- Alcoholism

Family History

- Spinal Problems or Scoliosis
- Cancer
- Heart Disease
- Blood Pressure Problems
- Mental Illness

Patient

Signature: _____

Date: _____