



INTERNATIONAL *Chiropractic*

6951 Martin Luther King Jr. Way S., #101
Seattle, WA 98118
(206) 721-7200

PATIENT INFORMATION

Patient

Last Name: _____ First Name: _____ Middle: _____
Date of Birth: ___ / ___ / ___ Age: _____ SS#: _____
Gender: M / F Marital Status: Single / Married
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell / Work Phone #: _____
Email Address: _____

Emergency Contact

Last Name: _____ First Name: _____ Middle: _____
Home Phone #: _____ Cell / Work Phone #: _____
Relation to Patient: _____

Payment Method Cash Check Visa Mastercard Insurance

Insurance

Insurance Company: _____
Insured's Name: _____ ID/Policy #/Claim #: _____
Insurance Phone #: _____

Insurance Company: _____
Insured's Name: _____ ID/Policy #/Claim #: _____
Insurance Phone #: _____

INFORM CONSENT

The Massage Therapist of International Chiropractic clinic will provide massage treatment to help relieve my pain and discomfort and to do their best to restore my health to pre-injury status.

Massage treatment or other clinical procedures are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities, illnesses, or pathologies may render the patient susceptible to injury. I promise to inform International Chiropractic any time I feel my well-being is threatened or compromised. It is my responsibility to let International Chiropractic know all the health condition I am suffering from. I will report all health conditions that I am aware of and will inform my practitioner of any changes in my health. International Chiropractic will not give treatment, or health care, if he/she is aware that such care may be contraindicated. I promise to participate fully as a member of my health care team. I will make sound choices regarding my treatment plan based on the information provided by International Chiropractic and other members of my health care team. I understand and agree that the Massage Therapist of International Chiropractic clinic has the right to refuse to accept me as a patient at any time before or after treatment begins, if I do not follow the recommendations and comply with the treatment schedules.

RESULTS: The results of massage therapy depends on many variables; such as the status of your condition (acute or chronic), how traumatic is your condition, and your overall health. You should notice great improvement within two weeks into your care. In most cases there is a more gradual, but quite satisfactory response.

RETRACING: On rare occasion, especially when your body is fragile, retracing occurs before "true" healing can take place. Retracing is the release and healing of unresolved problems. Patients may report of having "cleansing" symptoms such as diarrhea, pus, mucus, headache, generalized ache and pain, fever, etc. as toxins leave the body.

It is very important, especially at this time, to maintain regular treatment schedule to facilitate the healing process.

Signature

Date



INTERNATIONAL
Chiropractic

6951 Martin Luther King Jr. Way S., #101
Seattle, WA 98118
(206) 721-7200

ASSIGNMENT OF INSURANCE BENEFITS

SIGNATURE ON FILE

I clearly understand that all insurance coverage, whether accident, work related, or general coverage is an arrangement between my insurance carrier and myself. If this clinic chooses to bill any services to my insurance carrier that they are performing these services strictly as a convenience for me. The clinic will provide any necessary reports or required information to aid in insurance reimbursement of services, but I understand that insurance carriers may deny my claims and that I am ultimately held responsible for any unpaid balances. Any monies received will be credited to my account.

I hereby authorize payment directly to International Chiropractic.

I authorize International Chiropractic to act as my agent in helping me to obtain payment from the Insurance Company.

I understand that I am financially responsible to the charges not covered by this assignment.

I authorize the doctor, attorney, or insurance company to release any information required for this claim.

I permit a copy of this authorization to be used in place of the original.

Name: _____

Signature: _____

Patient/ Policy Holder

Date: _____



INTERNATIONAL Chiropractic

6951 Martin Luther King Jr. Way S., #101
Seattle, WA 98118
(206) 721-7200

PERSONAL QUESTIONNAIRE

Please give 3 reasons why you seek care / what would you like to improve on, list base on priority.

1st _____
2nd _____
3rd _____

What 3 things that you enjoy doing in the past that you are having difficulty doing or can not do

1st _____
2nd _____
3rd _____

Basically, there are 3 things that determine one's health. These are:

1. How you think 2. How you move 3. What you eat/put in your body

At the present time, how healthy do you consider yourself to be

Less than 50% 60% 70% 80% 90% 100% Other _____ %

How healthy would you like to be, base on your maximum healing potential

Same 60% 70% 80% 90% 100% Other _____ %

What is the time frame you would like to accomplish your maximum healing potential

ASAP 1-month 2-month 3-month 6-month 9-month Other _____

How healthy are the members of your household

Spouse _____ % Age _____ 1st Child _____ % Age _____
2nd Child _____ % Age _____ 3rd Child _____ % Age _____
4th Child _____ % Age _____ Other _____ % Age _____

I am interested in: Treatment Ionic Detox Foot Bath Nutrition

I am here for: Symptom care (when my pain is gone, I would like to end my treatment)
 Corrective care (no more pain and continue care until body is stabilized)
 Wellness care (no more pain, body is stabilized, continue to come in on regular basis, about once a month, to maintain my health)

Additional Information: _____



INTERNATIONAL *Chiropractic*

6951 Martin Luther King Jr. Way S., #101
Seattle, WA 98118
(206) 721-7200

HEALTH CARE TEAM / MEDICATION / NUTRITION

Name of doctor, practitioner, or facility you went to see regarding your health within the past 3 years	Reason for visit	Time frame From - To (month/yr)	Phone #

Medication/Nutrition/ Supplement	Reason for taken

List any self-help activity