www.StClairMOchiropractic.com

COLEMAN CHIROPRACTIC and F.I.T. 24/7

Bart Coleman, D.C., MTAA

605 N. Commercial Avenue, St. Clair, MO 63077
2190 S. Mason Rd., Ste 302, Des Peres, MO 63131
Office: (636) 629-2414 Fax: (636) 629-2406
Where pain ends…and wellness begins

Sensitivity Symptoms Rating Scale

Rate 1(mild)-10(severe), leave blank if not present

Abdominal Bloating___
Achy feet/Restless Leg___
Acne___
ADHD___
Anger___
Asthma___
Autism___
Backache___
Bodyaches___
Canker sores___
Constipation___
Cough___
Dermatitis___
Depression___
Diarrhea___
Drowsy after meals___
Eczema___
Fatigue___
Fever___
Flatulence___
Headache___
High Blood Pressure___
Hives___
Indigestion___
Insomnia___
Itchy eyes___
Itchy throat___
Joint Pains___
Moodswings___
Nervousness___
Poor weight gain/loss___
Seizures___
Sinusitis___
Thirst___
Throat Swelling___
TOTAL ____/350

Other: ___
Other: ___
Other: ___

Rate of Reactions from Allergens

Rate 1(mild)-10(severe), leave blank if not present

Alcohol___	Egg White___
Almond___	Egg Yolk ___
Apple___	Fish___
Banana___	Orange___
Beef___	Peanut___
Carrot___	Pork___
Caffeine___	Rice___
Celery___	Shellfish___
Cheese___	Soybeans___
Chicken___	String Beans___
Chocolate___	Supplements___
Cow's Milk___	Tomato___
Corn___	Wheat___
Other:___	Yeast___
Pet Dander___	Pollen___
Dust__	Tree___
Fabrics___	Weed___
Grass___	Smoke___
Mold__	Plastics__

Other: ___
Other: ___
Other: ___

Tobacco **Y N** Amount_____
Alcohol **Y N** Amount_____
Caffeine **Y N** Amount_____
Soda **Y N** Amount_____
Rec Drugs_____
Rx_____
_____
_____
Supplements_____
_____
_____
Exercise Y N Frequency_____
Pregnant Y N Pacemaker Y N
Hobbies_____
Surgeries_____
_____
_____

Today's Date_____

Name_____
Address_____
_____
City_____ST__ ZIP_____
Home #:_____
Cell #:_____
email:_____
Date of Birth_____
SSN:_____
Referred by:_____

Are you in pain today? **Y N**
Where_____
Onset Date_____
Cause_____
Getting Better? Worse?
Imaging_____

Other Physicians_____
Other Biomedical Testing_____
_____
Trauma or Auto Accidents
_____
_____

Family Hx	Mother	Father	Sibling
Living	_	_	_
Asthma	_	_	_
Allergies	_	_	_
Cancer	_	_	_
Diabetes	_	_	_
Heart Disease	_	_	_
Mental Disease	_	_	_
Lung Disease	_	_	_

Any history of stroke or blood clotting issues? **Yes No**

Recurrent Emotions : Worry Fear Insecurity Anger Sadness Stress Fatigue Rage Grief _____

www.StClairMOchiropractic.com

COLEMAN CHIROPRACTIC and F.I.T. 24/7

Bart Coleman, D.C., MTAA

605 N. Commercial Avenue, St. Clair, MO 63077
2190 S. Mason Rd., Ste 302, Des Peres, MO 63131
Office: (636) 629-2414 Fax: (636) 629-2406
Where pain ends…and wellness begins

STEPS TO OPTIMIZE TREATMENT RESULTS

1. Read "Say Good-Bye to Illness or "Say Goodbye to your Allergies" or visit www.NAET.com prior to your appointment.
2. If you have a history of ANAPHYLAXIS, you should inform your practitioner to the visit and always be treated through a surrogate.
3. Bring all previous health reports (lab results, immunoglobin studies, radiographic reports, psychological evaluation reports or any other reports) to the first visit.
4. Watch pertinent NAET videos at the office.
5. Shower before coming to the appointment, since the patient should not shower for 6 hours after NAET.
6. Do not wear perfume, aftershave lotion, and/or clothes smelling of cigarette smoke, spices or chemical. This might irritated yourself or other patients in the office.
7. Eat some food prior to the treatment because treatment should not be given when the patient is hungry, extremely tired, after working long shifts without rest or during the first three days of the menstrual period.
8. Wash hands with soap and water prior to the treatment. Wash with plain water after treatment before leaving the office. Rubbing hands together (interlacing the fingers) for 3 seconds can substitute for hand washing.
9. Patient may be OK to use or eat the substance treated for the full one hour from the time he/she received the spinal treatment. The 25 hour avoidance begins after the first hour of treatment and the patient may follow the instructions in the *NAET Guidebook* to optimize results.
10. Gate points are suggested for patient over ten years old and are suggested every two waking hour after the treatment for 25 hours. Vibration for 15 seconds at each point or manually massage for 60 seconds each. Begin and end on the right thumb, stimulating the designated points.

CONSENT AND RELEASE FORM

I, _____, hereby consent , authorize and request Dr. Coleman to administer the treatment deemed advisable and necessary to my (my ward's) condition in accordance with his/her best expertise. I agree to hold him/her harmless from any claims, suits for damages or complications which result from such treatment. I give my consent for Dr. Bart Coleman and his clinic associates to use my (my ward's) diagnostic and treatment data and my (my ward's) photograph if applicable in a flyer, research journals or other publishing purposes without revealing name, age, address or diagnosis.

INSURANCE VERIFICATION AND COLLECTION OF PATIENT BALANCE

- Insurance verification is not a guarantee of payment. Verification is only a quote of benefits. Insurance companies review charges individually and make payment accordingly. Charges not covered by insurance are the patient's responsibility and are due within 30 days of billing. You must comply with your insurance rules such as: a valid referral from your primary care physician, if needed, in order for your claims to be paid at the highest level. We will assist you in processing your referral; however, if a referral is not received to cover all dates of service, you will be responsible for all non-covered or denied charges.
- Co-payments and Co-insurance are the patient's responsibility and will be collected at the time of service. You may pay with check or keep a credit card on file.
- If the "Explanation of Benefits" report shows the patient has an outstanding balance from the services not covered by the individuals insurance company, patients will receive a bill outlining these outstanding charges. Upon receipt, payment is due within 30 days: it is the clinic's policy to turn unpaid accounts over to a collection agency.
- If my account is not paid in full, I understand I will be required to pay actual cost of collection, reasonable attorney, court fees and 18% interest.

Name of the Minor_____Relationship(mother, father, guardian, spouse,_____)

Signature_____Date_____

www.StClairMOchiropractic.com

COLEMAN CHIROPRACTIC and F.I.T. 24/7

Bart Coleman, D.C., MTAA

605 N. Commercial Avenue, St. Clair, MO 63077
2190 S. Mason Rd., Ste 302, Des Peres, MO 63131
Office: (636) 629-2414 Fax: (636) 629-2406
Where pain ends…and wellness begins