Fairway Chiropractic
1701 Fairway St. Ste 2A
Alvin, TX 77511
(281) 331-5000

Please complete all questions.

Name:		**Date:**
Address:	**City/State/Zip:**	
Home Phone:	**Work Phone:**	**Cell:**
Birth date:	**Age:**	
Marital Status: M ◉ W ○ D ○ S ○	**Email address:**	
Your Employer:	**Occupation:**	
Spouse's Name:	**Spouse's Employer:**	
Children's Names and Ages:		
Favorite Hobbies or Interests:		
Do you have health insurance? YES ☐ NO ☐		
Name of policy holder:	**Policy holder's birth date:**	
Emergency Contact Person and Phone Number:		

Current health concerns/reasons for consulting our office:

1. _____

2. _____

3. _____

4. _____

Whom may we thank for referring you to our office?_____

Have you had same or similar problem(s) before? _____

If so, for how long?_____

Is this the result of an auto or work injury?_____**If so, when?**_____

Father, mother, brother, sister, children with similar problems?____ **If so, who?**_____

Other doctors you have seen for this problem:_____

Surgeries you have had:_____

Medication you currently take:_____

Have you ever been diagnosed with cancer?_____**If so, what kind?**_____

Stress Test

The following areas of stress can cause misaligned vertebrae (subluxation).
Which of these stresses do you recognize?
Please circle when you experienced these stresses.

Child = C Teenager = T Adult = A

Physical/Emotional/Chemical Stress:				**Comments:**
Birth Trauma	C			
Slips or Falls	C	T	A	
Automobile Accidents	C	T	A	
Sports Injuries	C	T	A	
Physical Abuse	C	T	A	
Poor Posture	C	T	A	
Work Injuries		T	A	
Extensive Computer Work		T	A	
Sleeping on Stomach		T	A	
Sitting on a Wallet		T	A	
Carrying a Heavy Purse/ Backpack/Child		T	A	
Repetitive Lifting/Bending		T	A	
Driving for Many Hours		T	A	
Continuous Hours Sitting/Standing		T	A	
Children Stress		T	A	
Career Stress			A	
Relationship Stress		T	A	
Concealed Feelings	C	T	A	
Quick Tempered	C	T	A	
Smoker/2nd Hand Smoke	C	T	A	Amount:_____
Alcohol	C	T	A	Amount:_____
Poor Diet/Excessive Sugar	C	T	A	Amount:_____
Caffeine	C	T	A	Amount:_____
Artificial Sweeteners	C	T	A	
Prescription Drugs	C	T	A	
Over the Counter Drugs (eg Tylenol, Motrin, etc.)	C	T	A	

Which do you feel are your primary stresses?_____

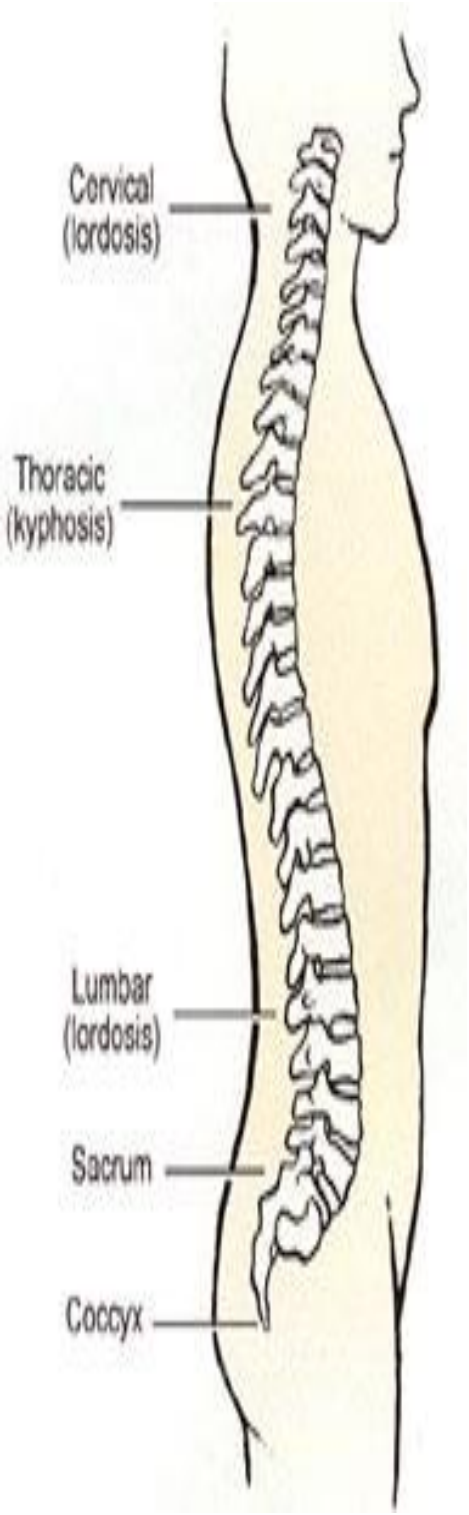
The above information is true and accurate to the best of my knowledge.

_____ _____

Signature Date

ORGANIC SYMPTOM SHEET

"The nervous system controls and coordinates all organs and structures of the human body." (Gray's Anatomy, 29thEd., page 4). Misalignments of the spinal vertebrae and discs may cause irritation to the nervous system and affect the structures, organs, and functions which may result in the conditions shown below. If you are experiencing any of the conditions please circle them and state how long you have been experiencing them.



Headaches/Migraines	_____
Insomnia	_____
High/Low Blood Pressure	_____
Dizzy Spells	_____
Allergies	_____
Earaches	_____
Colds	_____
Thyroid Conditions	_____
Asthma	_____
Difficulty Breathing	_____
Heart Conditions	_____
Congestion	_____
Pneumonia	_____
Gall Bladder Conditions	_____
Shingles	_____
Liver Conditions	_____
Low Blood Pressure	_____
Anemia	_____
Poor Circulation	_____
Indigestion	_____
Nervous Stomach	_____
Heartburn	_____
Diabetes	_____
Kidney Conditions	_____
Acne/Eczema/Skin Conditions	_____
Gas Pains	_____
Sterility	_____
Constipation	_____
Bladder Troubles	_____
Menstrual Troubles	_____
Miscarriages	_____
Impotency	_____
Difficult/Painful Urination	_____
Poor Circulation in Legs	_____
Swollen Ankles	_____
Cold Feet	_____
Weakness in Legs	_____

NOTICE OF PRIVACY PRACTICES

The following are policies of Dr. Ross Leago and will be implemented unless patients notify him in writing that they do not wish to participate:

OPEN ADJUSTING ENVIRONMENT:

It is the practice of Dr. Ross Leago to provide chiropractic care in an "open adjusting" environment. "Open adjusting" involves several patients being in the same adjusting area at the same time. Patients may be within sight of one another and some ongoing routine details of care may be discussed within earshot of other patients and staff. The environment is used for ongoing care and is NOT the environment used for taking patients histories or performing examinations. These procedures are complete in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as "incidental disclosures" of health information. It is our view that the kinds of matter related in an "open adjusting" environment are incidental matters. In the event you or someone else would not agree with us, we are providing this disclosure.

It is our desire for our staff to use the name, address, e-mail address and/or telephone number for the purpose of contacting you to advise you about health related meetings, workshops, and important office information such as office hour changes and cancellations.

We would like to use your name, signature, photographs and/or radiographs on our "Thank You Board", our "Patient of the Week," and our "Kids Picture Wall". Please let us know if you wish not to participate.

It is our desire for our staff to use your name and/or signature on our sign-in sheets in order to verify your office visit.

As a courtesy to our patients, if you miss an appointment, it is our policy to call your home or cell phone to reschedule your appointment time. If you are not available, we will leave you a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording other than the date and time of your scheduled appointment.

The use of this information is intended to make your experience with our office more efficient, productive, and to further enhance your access to quality chiropractic care. If you choose to not authorize the use of this information, your decision will have no adverse effect on your care from Dr. Ross Leago or on your relationship with our staff.

Dr. Ross Leago reserves the right to change this notice and to make the revised Privacy Notice effective for all your protected health information that it contains. Each time you are a patient at Dr. Ross Leago's office, we will offer you a copy of current notice in effect.

EFFECTIVE DATE:

This notice is in effect as of August 8, 2013.

ACKNOWLEDGMENT:

I acknowledge that I have been offered to review a copy of the Notice if Privacy Practices.

Name of Individual (print)	Signature of Individual	Date

If Patient is a Minor,

Signature of Parent/Guardian	Relationship to Patient	Date

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ASSIGNMENT OF BENEFITS

I hereby instruct and direct my insurance company to pay by check directly to this office for the professional or chiropractic expense benefits allowable, **otherwise** payable to me under my current insurance policy as payment towards the total charges for professional services rendered by this office.

A photocopy of this assignment shall be considered as effective and valid as the original.

RELEASE INFORMATION

I authorize this office to release any medical information pertinent to my care to my insurance company, adjuster, and/or attorney involved in this case, and I hereby release this office of any consequence thereof.

FINANCIAL RESPONSIBILITY

I agree to be financially responsible for all charges incurred at this office. If I am using my health insurance, I agree to be financially responsible for all charges including my insurance deductible, co-payment and any services rejected by my insurance company.

_____ _____

Patient Signature Date

IF PATIENT IS A MINOR:

_____ _____

Signature of Parent/Guardian Date

_____

Relationship to Patient