PATIENT APPLICATION FORM

Welcome Back to Health. Our purpose is to educate and rehabilitate our patients toward optimal health through natural chiropractic care and rehabilitation exercises. The work we do here at Back to Health Chiropractic is very unique and our approach is quite advanced compared to most other chiropractic and physical therapy programs. This allows our patients to achieve results that are unavailable to many other people.

Please fill out the following information so that Dr. Schatzle can let you know if you can be accepted as a patient in our office. If you have any questions, please feel free to ask for assistance. Thank you for this opportunity to serve you.

Patient Information Today's Date _____

Name: _____Date of Birth _____

Address: _____City: _____State:_____ Zip: _____

Home Phone: _____Work Phone: _____Cell Phone:_____

Referred to Dr. Schatzle by: _____ Sex: □ F □ M

Email: _____

Emergency Contact (Name & Phone #): _____

Primary Physician (Name & Phone #): _____

May we have your permission to contact your Primary Care Physician? □ yes □ no

Purpose of today's visit _____

This was related to □ work injury □ auto accident □ slip and fall □ other

Experience with Chiropractic: Have you received chiropractic care in the past? □ yes □ no
Doctor's name _____ Dates of care_____
Reason for that treatment_____
How did you respond to the care?_____
Do you know that your posture determines your health? □ yes □ no
Are you aware of any poor postural habits? □ yes □ no
Please explain_____
Are you aware of any poor postural patterns in your husband, wife, or children? □ yes □ no
Please explain_____

Do you know that in chronic pain conditions 95% of the people present with **FORWARD HEAD SYNDROME**? Forward Head Syndrome can cause many adverse affects on your overall health and diminish your capacity to adapt to stress.
Have you ever been told or feel that you carry your head forward? □ yes □ no
Health Lifestyle: Do you exercise? □ yes □ no How often? _____
What exercises?_____
_____
Do you drink alcohol? □ yes □ no How often?_____ How much?_____
Do you drink coffee? □ yes □ no How many cups per day?_____
Do you smoke? □ yes □ no How many cigarettes per day?_____
Do you take vitamin, mineral, or herbal supplements? □ yes □ no
Please list them here_____
_____
Do you take medications? □ yes □ no Please list the medications you take_____
_____

Do you drink filtered or bottled water? □ yes □ no Do you use a shower filter? □ yes □ no

Health Conditions
Poor posture is the result of trauma and/or stress that the body could not healthfully respond to. When your spine is out of alignment, this causes stress to the spinal cord, and the peripheral nerves that pass between each vertebra in the spine. These misalignments are called subluxations. When the spine is misaligned in this way it interferes with the optimal function of your nerves. It will distort the overall structure and posture of the individual. It is the purpose of the nervous system to control the function of every tissue, system, and organ in the body and to adapt the body to its environment. Therefore, postural distortions have serious affects on our overall health. Once again, the most common and detrimental postural distortion is the forward head syndrome.

Below please check any of the health conditions you may be experiencing now or have experienced in the past.

Part I – The Neck
Subluxations in your neck can affect the nerves that go into your arms, hands, up into the head and affect these various parts of the body.

Have you or do you experience:

- □ Neck pain
- □ Pain into your shoulders, arms, or hands
- □ Numbness or tingling into your shoulders, arms, or hands
- □ Hearing disturbances
- □ Weakness into your shoulders, arms, or hands
- □ Headaches
- □ Dizziness or vertigo
- □ Visual disturbance
- □ Coldness in the shoulders, arms, or hands
- □ Sinus problems
- □ Allergies or hay fever
- □ Recurrent colds or flu
- □ Low energy/fatigue
- □ Jaw pain, clicking, or dysfunction in the TMJ

Part II – Upper Back
Subluxations in your thoracic spine can weaken the nerves that go to the heart, lungs, and some of the digestive organs.

Have you or do you experience:

- □ Heart palpitations
- □ Heart murmurs
- □ Tackycardia
- □ Angina
- □ Recurrent lung infections
- □ Bronchitis
- □ Asthma or wheezing
- □ Shortness of breath
- □ Pain on either inhalation or exhalation
- □ Pain between the shoulder blades

Part III – Mid Back
Subluxations in the thoracic spine resulting from Forward Head Syndrome can interfere with the nerve flow to your ribs and chest, and the upper digestive track.

Have you or do you experience:

- □ Middle back pain
- □ Pain into the ribs and chest
- □ Heartburn
- □ Indigestion
- □ Fatigue or irritability after eating or when you haven't eaten for an extended period
- □ Nausea, ulcers, or stomach complaints

Part IV – Low Back
Subluxations in the lumbar spine resulting in Forward Head Syndrome will weaken the nerves going into the hips, legs, feet, and the pelvic organs.

Have you or do you experience:

- ☐ Low back pain
- ☐ Pain into your hips, legs, or feet
- ☐ Numbness or tingling into your legs or feet
- ☐ Coldness into your legs or feet
- ☐ Muscle cramping into your legs or feet
- ☐ Weakness into your hips, legs, or ankles
- ☐ Bladder problems
- ☐ Difficulty or frequent urination
- ☐ Constipation or diarrhea
- ☐ Menstrual irregularities or cramping
- ☐ Sexual dysfunction

MEDICAL/FAMILY HISTORY **S=Self** **M=Mother** **F=Father**
(Please indicate which conditions have been experienced by the above by marking appropriate boxes.)

S	M	F		S	M	F		S	M	F	
☐	☐	☐	AIDS	☐	☐	☐	dislocated joints	☐	☐	☐	neck pain
☐	☐	☐	anemia	☐	☐	☐	epilepsy	☐	☐	☐	nervousness
☐	☐	☐	arthritis	☐	☐	☐	German measles	☐	☐	☐	numbness
☐	☐	☐	asthma	☐	☐	☐	headaches	☐	☐	☐	polio
☐	☐	☐	back pain	☐	☐	☐	heart trouble	☐	☐	☐	poor circulation
☐	☐	☐	bladder trouble	☐	☐	☐	reproductive disorders	☐	☐	☐	hepatitis
☐	☐	☐	bone fracture	☐	☐	☐	high blood pressure	☐	☐	☐	rheumatic fever
☐	☐	☐	cancer	☐	☐	☐	HIV/ARC	☐	☐	☐	rheumatism
☐	☐	☐	chest pain	☐	☐	☐	kidney disorder	☐	☐	☐	scarlet fever
☐	☐	☐	concussion	☐	☐	☐	bowel control loss	☐	☐	☐	serious injury
☐	☐	☐	convulsions	☐	☐	☐	menstrual cramps	☐	☐	☐	sinus trouble
☐	☐	☐	diabetes	☐	☐	☐	multiple sclerosis	☐	☐	☐	tuberculosis
☐	☐	☐	indigestion	☐	☐	☐	muscular dystrophy	☐	☐	☐	_____

Please list any health conditions not mentioned above.

_____

_____

Please list any surgeries.

_____

_____

Please list any traumas, fractured bones, slip and falls, car accidents(date and explanation)

_____

_____

_____

_____

_____

_____

_____

_____

Payment for services will be by: □ Cash □ Check □ Credit Card □ Health Ins. □ Auto Ins. □ Worker's Comp

Insurance: Please check any and all insurance coverage you or your spouse has applicable in this case:

□ Auto Accident	□ Medicare	□ United Healthcare
□ BCBS	□ Principal	□ Worker's Comp
□ Lovelace	□ Self-Insured	□ Other

Insurance Company Name: _____

Policy #: _____

Address: _____Phone: _____

Are you covered by more than one insurance company? □ yes □ no

Name: _____

Accident Information: Claim #: _____

Adjuster Name: _____Phone:_____

Attorney Name: _____ Phone:_____

Patient Agreement: Assignment and Release

I, the undersigned, have insurance coverage with_____
(Name of Insurance Company)
And assign directly to Chaz Schatzle, D.C. all benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

_____ _____
(Signature of Insured/Guardian) (Date)