Dr. Daniel Hamlin, D.C. | **St. Helena Chiropractic** | **Dr. Michael Cleaver, D.C.**

1360 Main St., Ste. C
St. Helena, CA 94574
(707) 963-9433

1 PATIENT INFORMATION

Date ____

Name ____

Address ____

City _____________________ St._______ Zip_______________

E-mail ____

Driver's License # _____________________ State __________

Sex ❑ M ❑ F Height________ Weight _________________

Date of Birth ________________ Age __________

❑ Single ❑ Married ❑ Divorced ❑ Minor

# of Children______ Spouse (or parent)____________________

Employer/School___________________________________

Occupation _______________________________________

Employer/School Address___________________________

____

Employer/School Phone (___) _________________________

Previous Chiropractic Care ❑ Yes ❑ No

If Yes, when? ____________________________________

Whom may we thank for referring you? ___________________

2 PHONE NUMBERS

Home Phone (___) ____________ Cell (___)_______________

Best time and place to reach you ________________________

____

IN CASE OF EMERGENCY, CONTACT

Name _______________________Relationship___________

Home Phone _________________ Work Phone ___________

3 ACCIDENT INFORMATION

Is condition due to an accident? ❑ Yes ❑ No

If Yes, Date ________________

Type of Accident ❑ Auto ❑ Work ❑ Home ❑ Other

To Whom have you made a report of your accident?

❑Auto Insurance ❑ Employer ❑ Worker Comp.

❑ Other ____

Attorney Name (If applicable) ___________________________

4 INSURANCE INFORMATION

Insurance Co._______________________________ Policyholder _________________________ Relationship to Patient____________

Address____ City __________________________ State______ Zip______________

Phone # (____)_______________

Subscriber ID ___________________ Subscriber Date of Birth ___________________ Group #__________________________

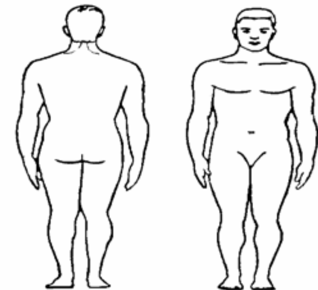
5 PATIENT CONDITION

Reason for Visit ____

When did your symptoms appear? ___________________________________

Is this condition getting worse? ❑ Yes ❑ No ❑ Unknown

Mark an X on the picture where you have pain, numbness, tingling.



Rate severity of your pain from 0 (no pain) to 10 (severe) _______________

Type of pain: ❑ Sharp ❑ Aching ❑ Stabbing ❑ Burning ❑ Numbness
❑ Dull ❑ Throbbing ❑ Tingling ❑ Stiffness ❑ Other

How often do you have this pain? ___________________________________

Is it constant of does it come and go? _______________________________

Does it interfere with ❑ Work ❑ Sleep ❑ Daily Routine ❑ Recreation

Activities that are painful to perform ❑ Sitting ❑ Standing ❑ Walking ❑ Bending ❑ Lying down

6 HEALTH HISTORY

What treatment have you already received? ❑ Medications ❑ Physical Therapy ❑ Chiropractic ❑ None ❑ Other ______________

Name of other doctor(s) you have seen for this condition ____

Date of Last: Physical Exam_________________ Spinal Exam____________________ Spinal X-Ray____________________

MRI, CT-Scan, Bone Scan ____

Place a mark on "Yes" or "No" to indicate if you have had any of the following:

AIDS/HIV	❑ Yes No ❑	Diabetes	❑ Yes ❑ No	Liver Disease	❑ Yes ❑ No	Rheumatic Fever	❑Yes ❑No
Allergy Shots	❑ Yes No ❑	Emphysema	❑ Yes ❑ No	Measles	❑ Yes ❑ No	Scarlet Fever	❑Yes ❑No
Anemia	❑ Yes No ❑	Epilepsy	❑ Yes ❑ No	Migraines	❑ Yes ❑ No	STD's	❑Yes ❑No
Appendicitis	❑ Yes No ❑	Fractures	❑ Yes ❑ No	Miscarriage	❑ Yes ❑ No	Stroke	❑Yes ❑No
Arthritis	❑ Yes No ❑	Glaucoma	❑ Yes ❑ No	Mononucleosis	❑ Yes ❑ No	Thyroid Problems	❑Yes ❑No
Asthma	❑ Yes No ❑	Gout	❑ Yes ❑ No	Multiple Sclerosis	❑ Yes ❑ No	Tuberculosis	❑Yes ❑No
Bleeding		Heart Disease	❑ Yes ❑ No	Osteoporosis	❑ Yes ❑ No	Tumors, Growths	❑Yes ❑No
Disorders	❑ Yes No ❑	Hepatitis	❑ Yes ❑ No	Pacemaker	❑ Yes ❑ No	Ulcers	❑Yes ❑No
Breast Lump	❑ Yes No ❑	Hernia	❑ Yes ❑ No	Pinched Nerve	❑ Yes ❑ No	Whooping Cough	❑Yes ❑No
Bronchitis	❑ Yes No ❑	Herniated Disc	❑ Yes ❑ No	Pneumonia	❑ Yes ❑ No	Other ________________________	
Cancer	❑ Yes No ❑	High Blood		Polio	❑ Yes ❑ No	______________________________	
Chemical		Pressure	❑ Yes ❑ No	Prostate Problem	❑ Yes ❑ No	______________________________	
Dependency	❑ Yes No ❑	High Cholesterol	❑ Yes ❑ No	Prosthesis	❑ Yes ❑ No	______________________________	
Chicken Pox	❑ Yes No ❑	Kidney Disease	❑ Yes ❑ No	Rheumatoid		______________________________	
				Arthritis	❑ Yes ❑ No	______________________________	

EXERCISE	WORK ACTIVITY	HABITS	
❑ None	❑ Sitting	❑ Smoking	Packs/Day__________________
❑ Moderate	❑ Standing	❑ Alcohol	Drinks/Week ________________
❑ Daily	❑ Light Labor	❑ Coffee/Caffeine Drinks	Cups/Day __________________
❑ Heavy	❑ Heavy Labor	❑ High Stress Level	Reason ____________________

Are you pregnant? ❑ Yes ❑ No Due Date____

Injuries / Surgeries you have had	Description	Date
Falls	______________________________	______________
Head Injuries	______________________________	______________
Broken Bones	______________________________	______________
Dislocations	______________________________	______________
Surgeries	______________________________	______________

7

MEDICATIONS	ALLERGIES	VITAMINS / MINERALS / HERBS
______________	______________	______________
______________	______________	______________
______________	______________	______________
______________	______________	______________

Patient / Guardian Signature: ____ Date: ___________________

Office Use Only
Patient / Parent / Guardian Photo Identification Verified

____ ____________________

Signature **Date**

St. Helena Chiropractic

1360 Main Street, Suite C
St. Helena, CA 94574
Phone (707) 963-9433   Fax (707) 963-9423

Privacy Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

St. Helena Chiropractic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment – We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (Example)

> "On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with St. Helena Chiropractic."
> "It is our policy to provide a substitute health care provider, authorized by St. Helena Chiropractic to provide assessment and/or treatment to our patients, without advanced notice, in the event your primary health care provider's absence due to vacation, sickness, or other emerging situation."

Payment – We may disclose your health information to your insurance provider for the purpose of payment or health care operation. (Example)

> "As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to St. Helena Chiropractic for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide and itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services rendered."

Worker's Compensation – We may disclose your health information as necessary to comply with State Worker's Compensation Laws.

Emergencies – We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health – As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings – We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement – We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons – We may disclose your health information to coroners or medical examiners.

Organ Donation – We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research – We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety – It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies – We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing – We may contact you for marketing purposes as described below: (Example)

> "As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. We may also call to remind you of a missed appointment. If you are not at home, we may leave a reminder message on your answering machine or with the person answering the phone. No personal health

information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment."

"It is our practice to contact you about many marketing events throughout the year. During these times we will be sending out various mailers, which include the internet. They may include your name thanking you for referrals. We may be asking you to share your Chiropractic success story with others. It is not our policy to disclose any health information about your condition for the purpose of personal gain without your permission."

Change of Ownership – In the event that St. Helena Chiropractic is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised; however, that St. Helena Chiropractic is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through and alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that St. Helena Chiropractic amend your protected health information. Please be advised; however, that St. Helena Chiropractic is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by St. Helena Chiropractic.
- You have the right to a paper copy of this Privacy Policy at any time upon request.

Changes to this Privacy Policy

St. Helena Chiropractic reserves the right to amend this Privacy Policy at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, St. Helena Chiropractic is required by law to comply with this policy.

St. Helena Chiropractic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Daniel Hamlin, D.C. by calling this office at 707-963-9423. If Dr. Daniel Hamlin, D.C. is not available, your may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your privacy rights, or how St. Helena Chiropractic has handled your health information should be directed to Dr. Daniel Hamlin by calling this office at 707-963-9433. If Dr. Daniel Hamlin is not available, your may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of April 1, 2003.

I have read the Privacy Policy and understand my rights contained in this notice.

By way of my signature, I provide St. Helena Chiropractic with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Policy.

Patient's Name (print)

Patient's Signature Date

Authorized Facility Signature Date

St. Helena Chiropractic Center
1360 Main Street, Suite C
St. Helena, CA 94574
(707) 963-9433
(707) 963-9423 *fax*

Daniel W. Hamlin, D.C.
Michael J. Cleaver, D.C.

TERMS OF ACCEPTANCE

When a patient seeks Chiropractic health care and when a Chiropractor accepts a patient for such care, it is essential that both are seeking and working for the same goals. Chiropractic does **not** diagnose or treat diseases. Chiropractic only has one goal:

TO LOCATE, ANALIZE AND CORRECT
SPINAL INTERFERANCE TO THE NERVOUS SYSTEM

The purpose of the nervous system is to control and coordinate all bodily function. Interference to this master system automatically produces improper function in the body. The SUBLUXATION (spinal misalignment producing nerve interference), in and of itself, is a detriment to life and health. Correction of the subluxation through a specific Chiropractic adjustment, allows the body to function at its optimal level. This allows the INNATE healing power of the body at maximum efficiency to restore, maintain and promote natural health.

WE DO NOT DIAGNOSE CONDITION(S) OR DISEASE(S) OTHER THAN VERTEBRAL SUBLUXATIONS.

WE OFFER NO TREATMENT ON CONDITION(S) OR DISEASE(S) OTHER THAN VERTEBRAL SUBLUXATIONS.

WE PROMISE NO CURE FROM ANY CONDITION(S) OR DISEASE(S).

THE CHIROPRACTIC ADJUSTMENT RESTORES LIFE AND HEALTH TO ITS FULLEST POTENTIAL!!!

I, ______________________________________, having read the above statement, and understanding it fully, do undertake Chiropractic heath care on this basis.

____ ____________________
Signature of Patient Date

"Curing the cause not the symptom!"