



NON-SURGICAL
DISC AND SPINE
REDLANDS

Dr. John Kole, D.C.

1177 Idaho St Ste 100 Redlands CA 92374

P: 909-335-0019 F:909-335-0020

Patient Information

Date _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Age _____ Sex M F Marital Status M S W D Partnered _____ Years _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____ Home Phone _____

Occupation _____ Employer _____ Work Phone _____

In Case of and Emergency Contact _____ Phone _____ Relationship _____

How did you hear about our office? _____

Patient Condition

Chief complaint or reason for your visit _____

Date of onset _____ Cause of onset _____

What makes your condition worse _____

What makes your condition better _____

Rate the severity on a scale of 1 (least pain) to 10 (severe pain) _____

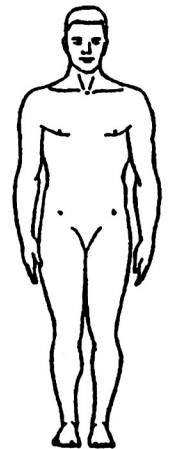
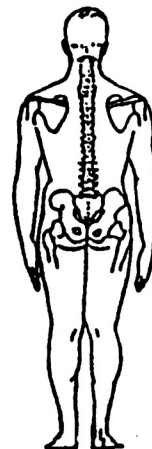
Is the condition getting Worse Better Same Unknown

Please Mark on the Diagram

A= Ache B= Burning D=Dull Pain S=Stiffness N= Numbness
T= Tingling SH= Sharp Pain ST= Stabbing TH= Throbbing

Are your symptoms Constant >75% Frequent 51-75%
 Occasional 26-50% Intermittent <25%

Other Comments _____



Health History

What treatment have you already received for your condition? Medications Surgery Physical Therapy

Chiropractic Massage None Other _____

What has helped or hasn't helped _____

Have you had and MRI Date _____ X-Ray Date _____ Other Testing _____

Results: _____

Do you have a history of any of the following:

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Aids/HIV | <input type="checkbox"/> Drug Dependence | <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Emphysema | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fractures | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Pinched Nerve |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gout | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Thyroid Disease |

Any other conditions the doctor should be aware of _____

Exercise

- None
- Moderate
- Daily
- Heavy

Work Activity

- Sitting
- Standing
- Light Labor
- Heavy Labor

Habits

- Smoking Packs/Day _____
- Alcohol Drinks/Week _____
- Coffee/Caffine Cups/Day _____
- High Stress Level Reason _____

Are You Pregnant? Yes No Due Date _____

Please list and falls, injuries, broken bones, dislocations, or surgeries and the date they occurred

Medications: _____

Allergies: _____

Vitamins/Herbs/Minerals _____

Goals For Recovery

Please list any activities that you can no longer do because of your current condition that you would like to be able to do again _____

WE CARE ABOUT YOUR PRIVACY

Dr. John Kole, DC

1177 Idaho St Ste 100

Redlands, CA 92374

909-335-0019

1. Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need those records to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

*These privacy practices are currently in effect and will remain in effect until further notice.

2. Our Legal Duty

Law Requires Us To:

1. Keep your medical information private.
2. Give you this notice describing our legal rights, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We Have The Right To:

1. Change our privacy practices and the terms of this notice at any time, provided that the law permits these changes.
2. Make the changes and the new terms of our privacy practices effective for all medical information that we keep, including information previously recorded or received before the changes.

Notice of Change To Privacy Practices:

Before we make any important changes we will change this notice and have the new notice available upon request.

3. Use and Disclosure of Your Medical Information

We have listed all of the different ways we are permitted to use and disclose medical information, however, not every use or disclosure will be listed, but we will not use or disclose your medical information for any purpose not listed below without your specific written authorization.

For Treatment:

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, technicians or other people who are taking care of you. We may also share your medical information to other health care providers to assist them in treating you.

For Payment:

We may use and disclose your medical information for payment purposes. A bill may be sent to your insurance or directly to you and may include your medical information.

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include evaluating the performance of employees, measuring and improving quality,

conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use your medical information for the following purposes.

Notification:

We may use or disclose your medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share the information about your location, general condition, or death. If you are present we will give you the opportunity to give or refuse permission, if possible before we share any information. In case of an emergency, and you are not able to give or refuse permission, we will use our professional judgment and share only the health information that is necessary for your health care. We will also use our professional judgment to make decisions about allowing someone else to pick up any medicine, medical supplies, x-ray or medical information for you.

Disaster Relief:

We may share your medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising:

We may provide medical information to one our affiliated fundraising foundations to contact you for fundraising purposes only. We will limit our use and sharing to information that describes you in general and not personal as well as the terms and dates of your health care. We will also provide you with a description on how you may choose not to receive any future fundraising communications.

Research in Limited Circumstances:

We may use your medical information for research purposes in where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner Medical Examiner:

We may share medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization to help them carry out their duties.

Specialized Government Functions:

Subject to certain requirements, we may disclose or use medical information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits

Court Orders and Judicial and Administrative Proceedings:

We may use or disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstances. Under limited circumstances, such as a court order, warrant, or a grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning medical information of a suspect, fugitive, material witness, and crime victim or missing person. We may share medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities:

As required by law, we may disclose medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. The Food and Drug Administration for purposes of reporting events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may use and disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or possible victim of other crimes. We may share your medical information to prevent a serious threat to your health or safety or the health or safety of others. When necessary we may share your medical information to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation:

When authorized or necessary we may disclose medical information to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, administrative, civil, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement:

We may disclose medical information to law enforcement officials under certain circumstances. These include reporting required by certain laws (reporting certain types of wounds),

pursuant to certain court orders or subpoenas, reporting limited information concerning identification and location at the request of a law official, reporting death, crimes on our premises, and crimes in emergencies.

Appointment Reminders:

We may use your information for the purposes of sending you postcards, reminder calls or texts reminding you of your appointments.

Alternative and Additional Medical Services:

We may use your medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend alternative treatments.

4. Your Individual Rights

You Have The Right To:

1. Get copies or look at certain parts of your medical information. You must make the request in writing and you may request that we provide copies in a format other than photocopies and we will try to use the format you requested unless it is not practical for us to do so. There may be charges for copying and for postage if you want the copies mailed to you.
2. Receive a list of all the times we or our business associates have shared your medical information for purposes other than treatment, payment, health care operations or other specified exceptions.
3. Request to place additional restrictions on our use or disclosure of your medical information. We are not required to agree to the additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request in writing that we communicate with you about your medical information by different means or to different locations.
5. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons, and provide you with a written explanation. If we accept your request we will make reasonable efforts to tell others of the change and to include the changes in any future sharing of that information.

Questions And Complaints

If you have any questions or if you believe that we may have violated your privacy rights, you may speak to our Privacy Officer and submit a written complaint. You may submit a written complaint to the U.S Department of Health and Human Services. We will provide you with the address and not retaliate in any way if you choose to file a complaint.

Signature Below Is Only Acknowledgement That You Have Received and Reviewed This Notice Of Your Privacy Practices

Patient's Name (Print)

Patient's Signature

Date: _____

To be completed by patients representative if patient is a minor or incapacitated:

Parent or Legal Guardian's Name

Parent or Legal Guardian's Signature

Date: _____