

Dr. Thomas McKay Jr. DC

Chiropractic Physician

SANDHILLS ALTERNATIVE HEALTHCARE

120 WEST VERMONT AVENUE

SOUTHERN PINES, NC 28387

Phone: 910-693-3700 Fax: 910-693-3709

Website www.livewellstartnow.com

PATIENT PERSONAL INFORMATION:

Date: ____/____/____

Name: _____

Gender: ____ Male ____ Female

Address: _____

City/State/Zip: _____

Date of Birth: ____/____/____ (Age: ____)

SSN: ____/____/____

Primary Phone Number: ____ - ____ - ____

Cell Number: ____ - ____ - ____

Email Address: _____@_____.com

(all information is kept confidential)

Emergency Contact Name and Phone Number:

Married ____ Single ____ Widowed ____ Divorced ____ Child ____

How did you hear about our office?

Patient Employment Information:

Current Employment: ____ Full time ____ Part time ____ Retired ____ Other

Name of Employer: _____

Work Number: _____

Insurance Notification:

We **do not** file any primary insurance in this office.

We **do not** file any secondary insurance in this office.

We **do not** accept Medicaid.

We **Do** supply patients with a walk out transaction report or other forms necessary so that you may file your insurance.

Full payment is expected up front on the date of your visit.

Chief Complaint: (reason why you are here today)

Past Surgeries/Hospitalizations:

Procedure: _____

Date: _____

Procedure: _____

Date: _____

Procedure: _____

Date: _____

Procedure: _____

Date: _____

Medical History:

Personal - Have you ever been diagnosed with any of the following?

___ asthma ___ pneumonia ___ tuberculosis ___ thyroid disease ___ kidney failure

___ bronchitis ___ emphysema ___ hepatitis ___ high cholesterol ___ rheumatic fever

___ diabetes ___ cancer ___ heart disease ___ blood disorder ___ blood clots

___ high blood pressure

___ Other: _____

Family – Check any family history of the following:

☐ angina/heart attack ☐ heart failure ☐ high blood pressure ☐ diabetes

☐ aneurysm ☐ rheumatic fever ☐ stroke ☐ congenital heart disease

☐ high cholesterol ☐ blood clots ☐ bleeding disorders ☐ kidney failure

☐ Other: _____

Please rate your overall health:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Exercise:

☐ None ☐ 1-2 x week ☐ 3-4 x week ☐ 5 or more x week

List any type of exercise:

Habits:

☐ Alcohol ☐ Drinks per day ☐ Street/Recreational Drugs ☐ IV Drug use

☐ Smoking ☐ Packs per day ☐ Years of Smoking

☐ Testing for HIV or Hepatitis (please indicate result of testing):

Medications: (list all medications including over the counter medications that you are currently taking)

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Please list any drug allergies:

Diet History:

How much do you drink each day:

___ Coffee ___ Tea ___ Caffeinated Soda ___ Diet Soda

List oils that you use for cooking: _____

Circle the one that you use: Butter or Margarine_

Do you know what partially hydrogenated fats are? ___yes or ___no

Do you eat them? ___yes or ___no

Do you frequently skip meals? ___yes or ___no

Are you on any special diet or nutrition program? ___yes or ___no

If yes, please explain: _____

Food Allergies: _____

Foods you are sensitive to: _____

Foods you dislike: _____

Circle the foods that you crave:

Salty, Sour, Spicy, Fatty-foods, Cereals, Vegetables, Meats, Fats, Sweets,
Fruits, Breads, Dairy, Other: _____

How many bowel movements do you have per day: _____

Symptom Survey:

Please check if you are experiencing any of these symptoms:

General: **Last Physical Date: _____

___ fever ___ anxiety ___ sweats ___ chills ___ weight gain ___ weakness

___ fatigue ___ irritability ___ insomnia ___ depression

Skin:

☐ color changes ☐ itching ☐ easy bruising ☐ skin eruptions ☐ scaling

Eyes: **Last Eye Exam Date: _____

☐ glasses/contacts ☐ color blindness ☐ sensitivity to light ☐ blurring
☐ night blindness ☐ double vision ☐ discharge ☐ redness ☐ excessive tears

Ears:

☐ pain ☐ ringing ☐ itching ☐ hearing aid ☐ deafness ☐ dizziness
☐ discharge

Nose:

☐ sinusitis ☐ excessive bleeding ☐ blockage ☐ nasal discharge

Mouth: **Last Dental Exam Date: _____

☐ dentures ☐ abnormal taste ☐ speech difficulty ☐ hoarseness
☐ gum disease ☐ cavities

Neck:

☐ swelling ☐ goiter ☐ mass/nodules ☐ pain ☐ stiff neck

Respiratory:

☐ cough ☐ bronchitis ☐ asthma ☐ sputum production ☐ wheezing
☐ coughing up blood ☐ shortness of breath ☐ frequent chest colds

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Notice to All Medicare Patients:

Medicare Notification: (If you are a Medicare patient you **Must** sign below.

I, the undersigned, understand that although the chiropractic and nutrition services listed below may be necessary for the treatment of my condition, these services may **NOT** be covered by Medicare. I understand that I am financially responsible for all charges.

Non-covered Chiropractic Charges:

X-rays, Examination, Lab and Diagnostic Exams, Supports, Physical Therapy, Modalities and Nutritional Supplements.

Medicare will not pay for any therapy such as using a tens unit, ultrasound or supervised exercises.

What Is Covered by Medicare?

Medicare covers manipulation of the spine if medically necessary to correct subluxation (when one or more of the bones in your spine move out of position) when provided by chiropractic physicians.

Medicare will only cover your visit if you are seen for an **adjustment only: 98941** and your diagnosis meets Medicare's guidelines.

****Please sign below stating that you understand your coverage:**

CHIROPRACTIC TREATMENT AND ITS RISKS

Nature of Chiropractic Treatment

Prior to beginning treatment, you will be given a physical examination that can include taking vital signs, range of motion testing, muscle strength testing, palpation, orthopedic testing, neurological testing and X-rays. Once your condition has been diagnosed, a primary method of treatment may be spinal manipulation, also known as spinal adjustment. An adjustment is a quick, precise movement of the spine over a short distance. Adjustments are usually performed by hand but may be performed by hand-guided mechanical instruments. In addition to spinal manipulation, treatment can also involve other forms of therapy including ultrasound, electrical stimulation, traction, hot and cold packs, hydrotherapy, infrared heat, exercise and nutritional supplements.

Risks of Chiropractic Treatment

All health care procedures carry some degree of risk. The most common side effect of spinal manipulation is short-term muscle soreness. More serious side effects can include bone fractures, muscle strain, ligament sprain, joint dislocation and injury to the discs, nerves or spinal cord. Some manipulations of the upper spine have been associated with injury to the arteries in the neck, which could cause or contribute to stroke. However, documented cases are exceedingly rare, and it has been estimated by researchers that the probability of spinal adjustment causing a stroke is one in several million.

As for chiropractic therapies other than spinal manipulation, the risks are also very slight but can include skin irritation or burns. Compared to other forms of health care, chiropractic is extremely safe, and complications are generally rare.

Treatment Options Other Than Chiropractic

Other treatment options for your condition may include:

Self-administered, over the counter analgesics, medical care and prescription drugs such as muscle relaxers, pain killers and drugs to reduce inflammation, and surgery.

Remaining Untreated

There is a decision to pursue other treatment options; you should discuss the risks and benefits with Dr. McKay or a medical physician. Remaining untreated carries its own risks and may allow the formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce mobility and induce chronic pain cycles.

Unusual Risks

If your pre-treatment examination reveals any health issues that would make some forms of chiropractic treatment inadvisable (contra-indicated), Dr. McKay will explain the risks to you and answer any questions you may have.

Signature:
