

# Bafle Family Chiropractic

715 W. Butler Dr. ☼ Sugarloaf, Pa 18249 ☼ 570-788-3737 PHONE ☼ 570-788-3735 FAX

PLEASE PRINT

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
EMAIL \_\_\_\_\_ We provide a free informational email about diet and nutrition.  
MARITAL STATUS \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
NAME OF SPOUSE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

## EMERGENCY NOTIFICATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
REFERRED BY \_\_\_\_\_

## FINANCIAL AGREEMENT

I understand that all services are rendered on a cash, check, or credit card basis. Unless other arrangements have been made and approved, I agree to pay for each session at the time of the session. I also agree to the \$20 returned check charge in the event that my check is returned. **If I miss my appointment without giving a 24 hour notice I agree to pay the \$30 office fee.**

Date \_\_\_\_\_ Patient's Signature \_\_\_\_\_

## CURRENT HEALTH CONDITION

PURPOSE OF THIS APPOINTMENT \_\_\_\_\_  
HOW DID IT HAPPEN? \_\_\_\_\_  
\_\_\_\_\_  
TODAYS CONDITION STARTED WHEN? \_\_\_\_\_  
WHAT ACTIVITIES AGGRAVATE YOUR CONDITION? \_\_\_\_\_  
WHAT ACTIVITIES LESSEN YOUR CONDITION? \_\_\_\_\_  
IS CONDITION WORSE DURING CERTAIN TIMES OF THE DAY? \_\_\_\_\_  
IS THIS CONDITION INTERFERING WITH WORK? \_\_\_\_\_ SLEEP? \_\_\_\_\_ ROUTINE? \_\_\_\_\_  
IS CONDITION GETTING PROGRESSIVELY WORSE? \_\_\_\_\_  
OTHER DOCTORS SEEN FOR THIS CONDITION \_\_\_\_\_  
TYPE OF TREATMENT \_\_\_\_\_ RESULTS \_\_\_\_\_

## Habits

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol: Type _____<br>Amount _____<br>Diet: Salt intake _____<br>Fat intake _____<br>Other _____ | <input type="checkbox"/> Continuity disturbances _____<br>Early morning awakenings _____<br>Daytime drowsiness _____<br>Other _____ | <input type="checkbox"/> Exercise routine: _____<br>_____                  |
| <input type="checkbox"/> Sleep: Difficulty falling asleep _____  | <input type="checkbox"/> Smoking: Packs daily _____<br>How long _____<br>Interested in stopping? _____                              | <input type="checkbox"/> Caffeine: Coffee, cups daily _____<br>Other _____ |

# SYSTEMS SURVEY FORM



Patient \_\_\_\_\_ Doctor \_\_\_\_\_ Date \_\_\_\_\_  
Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx Weight \_\_\_\_\_ Sex: Male  Female   
Pulse: Recumbent \_\_\_\_\_ Standing \_\_\_\_\_ Vegetarian  Gluten-free   
Blood pressure: Recumbent \_\_\_\_ / \_\_\_\_ Standing \_\_\_\_ / \_\_\_\_ Ragland's Test is Positive

*[Faint, illegible text in a shaded box]*

*[Faint, illegible text in the left column]*

*[Faint, illegible text in the right column]*

- 1 2 3 GROUP 7A - Hyperthyroid**
- 107 ○○○ Insomnia
  - 108 ○○○ Nervousness
  - 109 ○○○ Can't gain weight
  - 110 ○○○ Intolerance to heat
  - 111 ○○○ Highly emotional
  - 112 ○○○ Flush easily
  - 113 ○○○ Night sweats
  - 114 ○○○ Thin, moist skin
  - 115 ○○○ Inward trembling
  - 116 ○○○ Heart palpitates
  - 117 ○○○ Increased appetite without weight gain
  - 118 ○○○ Pulse fast at rest
  - 119 ○○○ Eyelids and face twitch
  - 120 ○○○ Irritable and restless
  - 121 ○○○ Can't work under pressure

- GROUP 7B - Hypothyroid**
- 122 ○○○ Increase in weight
  - 123 ○○○ Decrease in appetite
  - 124 ○○○ Fatigue easily
  - 125 ○○○ Ringing in ears
  - 126 ○○○ Sleepy during day
  - 127 ○○○ Sensitive to cold
  - 128 ○○○ Dry or scaly skin
  - 129 ○○○ Constipation
  - 130 ○○○ Mental sluggishness
  - 131 ○○○ Hair coarse, falls out
  - 132 ○○○ Headaches upon arising, wear off during day
  - 133 ○○○ Slow pulse, below 65
  - 134 ○○○ Frequency of urination
  - 135 ○○○ Impaired hearing
  - 136 ○○○ Reduced initiative

- GROUP 7C - Hyperpituitary**
- 137 ○○○ Failing memory
  - 138 ○○○ Low blood pressure
  - 139 ○○○ Increased sex drive
  - 140 ○○○ Headaches, "splitting or rending" type
  - 141 ○○○ Decreased sugar tolerance

- GROUP 7D - Hypopituitary**
- 142 ○○○ Abnormal thirst
  - 143 ○○○ Bloating of abdomen
  - 144 ○○○ Weight gain around hips or waist
  - 145 ○○○ Sex drive reduced or lacking
  - 146 ○○○ Tendency to ulcers, colitis
  - 147 ○○○ Increased sugar tolerance
  - 148 ○○○ Women: menstrual disorders
  - 149 ○○○ Young girls: lack of menstrual function

- GROUP 7E - Hyperadrenal**
- 150 ○○○ Dizziness
  - 151 ○○○ Headaches
  - 152 ○○○ Hot flashes
  - 153 ○○○ Increased blood pressure
  - 154 ○○○ Hair growth on face or body (female)
  - 155 ○○○ Sugar in urine (not diabetes)
  - 156 ○○○ Masculine tendencies (female)

- GROUP 7F - Hypoadrenal**
- 157 ○○○ Weakness, dizziness
  - 158 ○○○ Chronic fatigue
  - 159 ○○○ Low blood pressure
  - 160 ○○○ Nails weak, ridged
  - 161 ○○○ Tendency to hives
  - 162 ○○○ Arthritic tendencies
  - 163 ○○○ Perspiration increase
  - 164 ○○○ Bowel disorders
  - 165 ○○○ Poor circulation
  - 166 ○○○ Swollen ankles
  - 167 ○○○ Crave salt
  - 168 ○○○ Brown spots or bronzing of skin
  - 169 ○○○ Allergies - tendency to asthma

- 1 2 3**
- 170 ○○○ Weakness after colds, influenza
  - 171 ○○○ Exhaustion - muscular and nervous
  - 172 ○○○ Respiratory disorders

- GROUP 8 - Foundational**
- 173 ○○○ Muscle weakness
  - 174 ○○○ Lack of Stamina
  - 175 ○○○ Drowsiness after eating
  - 176 ○○○ Muscular soreness
  - 177 ○○○ Rapid heart beat
  - 178 ○○○ Hyper-irritable
  - 179 ○○○ Feeling of a band around your head
  - 180 ○○○ Melancholia (feeling of sadness)
  - 181 ○○○ Swelling of ankles
  - 182 ○○○ Diminished urination
  - 183 ○○○ Tendency to consume sweets or carbohydrates
  - 184 ○○○ Muscle spasms
  - 185 ○○○ Blurred vision
  - 186 ○○○ Loss of muscular control
  - 187 ○○○ Numbness
  - 188 ○○○ Night sweats
  - 189 ○○○ Rapid digestion
  - 190 ○○○ Sensitivity to noise
  - 191 ○○○ Redness of palms of hands and bottom of feet
  - 192 ○○○ Visible veins on chest and abdomen
  - 193 ○○○ Hemorrhoids
  - 194 ○○○ Apprehension (feeling that something bad will happen)
  - 195 ○○○ Nervousness causing loss of appetite
  - 196 ○○○ Nervousness with indigestion
  - 197 ○○○ Gastritis
  - 198 ○○○ Forgetfulness
  - 199 ○○○ Thinning hair

- FEMALE ONLY**
- 200 ○○○ Very easily fatigued
  - 201 ○○○ Premenstrual tension
  - 202 ○○○ Painful menses
  - 203 ○○○ Depressed feelings before menstruation
  - 204 ○○○ Menstruation excessive and prolonged
  - 205 ○○○ Painful breasts
  - 206 ○○○ Menstruate too frequently
  - 207 ○○○ Vaginal discharge
  - 208 ○○○ Hysterectomy / ovaries removed
  - 209 ○○○ Menopausal hot flashes
  - 210 ○○○ Menses scanty or missed
  - 211 ○○○ Acne, worse at menses
  - 212 ○○○ Depression of long standing

- MALE ONLY**
- 213 ○○○ Prostate trouble
  - 214 ○○○ Urination difficult or dribbling
  - 215 ○○○ Night urination frequent
  - 216 ○○○ Depression
  - 217 ○○○ Pain on inside of legs or heels
  - 218 ○○○ Feeling of incomplete bowel evacuation
  - 219 ○○○ Lack of energy
  - 220 ○○○ Migrating aches and pains
  - 221 ○○○ Tire too easily
  - 222 ○○○ Avoids activity
  - 223 ○○○ Leg nervousness at night
  - 224 ○○○ Diminished sex drive

List the five main complaints you have in the order of their importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## NUTRITIONAL INFORMED CONSENT

According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean:

*"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease.*

A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although, a Vitamin, a Mineral, Trace Element, Amino Acid, or Herb, may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and bio-mechanical processes of the human body.

Nutritional advice and nutritional intake may also enhance the stabilization of the eight (8) chemical components of the VSC (Vertebral Subluxation Complex).

I, \_\_\_\_\_ have read and understand the above:  
Print Name

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Acknowledge and Receipt of  
Notice of Privacy Practices Pursuant to HIPPA Consent  
for Use of Health Information**

The undersigned does hereby acknowledge that he or she has been given the opportunity to read and review Bafle Family Chiropractic's Notice of Privacy Practices Pursuant to HIPPA, located in treatment rooms and reception area binders. A full copy of the HIPPA Compliance Manual is available upon request at the front desk.

The undersigned does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPPA, the HIPPA Compliance Manual, State and Federal Law.

**Name** \_\_\_\_\_  
Print Patient Name

**Signature** \_\_\_\_\_  
Patient or Guardian

**Date** \_\_\_\_\_