



Patient Information
Please complete all questions.

Today's Date: _____

Name: _____

Street: _____ Apt# _____

City: _____ State: _____ Zip: _____ Social Security #: _____

Birth Date: _____ Sex M ___ F ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Email Address: _____ Home Phone: _____ Cell/Other Phone: _____

___ Employed ___ Full-Time Student ___ Part-Time Student ___ Retired Patient's School Name _____

Patient Employer: _____ Occupation: _____

Work Address: _____ Work Phone: _____

Name of spouse _____ Spouse's Employer: _____

Names and Ages of Children _____

Who may we thank for referring you to our office? _____

In Case of Emergency, who should be notified? _____

Relationship to patient: _____ Phone: _____

Family Medical Doctor: _____

Address: _____ Phone: _____

What surgeries have you had if any?

1) _____ When? _____

2) _____ When? _____

3) _____ When? _____

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**DR. 10'S CHIROPRACTIC CENTER
PATIENT INFORMATION AND CONSENT FORM**

Please read this information carefully and ask if there is anything that you do not understand.

What is acupuncture?

Acupuncture is a form of therapy in which fine needles are inserted into specific points on the body. Acupuncture is generally very safe. Serious side effects are very rare - less than one per 10,000 treatments.

Does acupuncture have side effects?

You need to be aware that:

Drowsiness occurs after treatment in a small number of patients, and, if affected, you are advised not to drive.

Minor bleeding or bruising occurs after acupuncture in about 3% of treatments

Pain during treatment occurs in about 1% of treatments

Symptoms can get worse after treatment (less than 3 % of patients). You should tell your doctor about this.

Fainting can occur in certain patients, particularly at the first treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss these with you.

Is there anything your practitioner needs to know?

Apart from the usual medical details, it is important that you let your practitioner know:

If you have ever experienced a seizure or epilepsy

If you have a pacemaker or any other electrical implants

If you have a bleeding disorder

If you are taking anti-coagulants or any other medication...including Aspirin or Plavix

If you have damaged heart valves or have any other particular risk of infection.

Single-use, sterile, disposable needles are used in the clinic.

Statement of Consent

I confirm that I have read and understood the above information the above information, and I consent to having acupuncture treatment. I understand tat I can refuse treatment at any time.

SIGNATURE

Print name in full

Date



**Dr.10's Chiropractic
Center LLC**

Terms of Acceptance:

1. If Dr. 10, during the course of chiropractic spinal exam, discovers non-chiropractic, or unusual findings, she will advise you. If you desire advice, diagnosis, or treatment for these findings, we recommend that you seek the services of a health provider who specializes in that area.
2. Our only practice objective is to eliminate major interference to the expression of the body's innate wisdom. Our only method is the specific adjusting to correct vertebral subluxations.
3. Shan Tian DC (Dr. 10) does not offer to treat or diagnose any condition other than vertebral subluxation.

Dr. 10 uses a semi-open adjusting area. It is understood that this does not provide guaranteed privacy, but the patients are always clothed. If you wish to discuss private issues with Dr. 10, request a consultation in the doctor's private consultation areas.

Is this OK with you?	Y/N
May we telephone you?	Y/N
Leave a message on your answering machine?	Y/N
Send you mail?	Y/N
May we discuss your case with your spouse?	Y/N

Your appointment time is saved specially for you. If you cannot be on time, we request a telephone call from you so we can serve other patients. If you are late, we will work you in as best we can, but on time patients deserve priority to be seen at their promised times. We are very serious about your care. If you are not equally serious, it may be necessary for us to discontinue your care after discussing your priorities with you.

Patient Signature

Date

Witness Signature