Dr. Amelie Biskup
2653 Sagebrush Drive, Ste.230
Flower Mound, TX 75028
(940) 594-0795

General Information

Name ______________________ Birthdate ___/___/___ Age ____ Today's date ___/___/___

Address ______________________ City ______________________ State ________

Zip ________ Home # (____) ______________ Work # (____) ______________ Ext. ______

Cellular # (____) ______________ E-Mail Address ______________________________

Occupation ______________________ Employer's Name ______________________________

Employer'sAddress ______________________ City ______________________ State ______ Zip ______

Male _____Female ______# of Kids_______ _____Single ____Married ____Divorced ____Widowed________

Name of Spouse________________ Name of Kids__________________________________

Reason for consulting our office?

____

____

____

Referred by____

**Please check if you are here for any of the following: _____Motor Vehicle Accident _____Work Injury _____Other Injury

Your Health Profile

Why this form is important: At Body Harmony Chiropractic, we are a family wellness oriented chiropractic office, we focus on helping you maximally express your health potential. Our first goal is to locate and eliminate any and all interference to the full outward expression of that potential and address the issues that brought you here. In addition, we hope to offer you and your family the opportunity for a lifetime of health, happiness and vitality. On a daily basis we all experience physical, chemical and emotional stresses that can accumulate and result in serious loss of health potential. Most times, the effects are so gradual that they are not felt until they become serious, and sometimes not until it's too late! Your answers to the following questions will give us a general view of the stresses you have faced in your lifetime, thus allowing us to better assess your current status and more accurately determine your true health potential.

The Beginning Years - Research is showing that many of the health challenges that occur later in life have their origins during the developmental years, some even starting at birth. Please answer the following questions to the best of your ability.

Birth History- Please check those items that apply to you (How you were born)
____Mother smoked/drank/drugs in pregnancy ____Epidural/Meds in labor ____Breech Vaginal Delivery
____C-Section
____Forceps Delivery ____Vacuum Extractor used ____Labor Induced
____Complications If so, please list:____
____Other____

Childhood Years(Age 0-17 yrs) - Please check those items that apply to you
____Childhood Illness ____Serious Falls ____Active in Sports
____Very Inactive
____Car Accident(s) ____Surgery/Stitches ____Alcohol/Drug Abuse
____Smoker
____Antibiotics/Other Meds ____Vaccinated ____Under Chiropractic care
____Broken Bones
____Severe Emotional
Trauma(s)____

Adult Years(Age 18 to present) - Please check those items that apply to you
____Present Smoker ____Former Smoker ____Consume “sugar-free” or
Packs/day_____ Packs/day____ “diet” sodas/foods
____Alcohol Use
____Surgery/Stitches ____Play Sports ____Car Accidents
____Work Injury
____High Job Stress ____High Personal Stress ____Sit a lot
____Drive a lot
____Poor Sleep ____Not Enough Sleep ____Poor/Inadequate Diet
____No Exercise
____Flat Feet ____Wear Orthotics/Lifts ____Severe Health Problems
____Hard Falls
____Broken Bones ____Other
____OTC/Prescription Meds(Please list name & reason for taking them)
____
____
Injuries____

____Have been under chiropractic care in the past - How long ago was your last adjustment?
____

Addressing the issues that brought you to our office:
**If you have no symptoms or complaints and you are here for wellness care, please initial here ____”I Wish to have Chiropractic Wellness Services” and skip to the symptoms check list near the bottom of this form. Otherwise, please continue.
Chief Complaint(s):
____
____
____
How has this affected your life?
____
____
____

If you have pain, is it... ____Sharp ____Dull ____Constant ____Intermittent
____Traveling ____Radiating
____Mild ____Moderate ____Moderately Severe ____Severe ____Intolerable
Since it began, is it... ____About The Same ____Getting Better ____Getting Worse ____Variable
What makes it worse?
____
What makes it better?
____
Does it interfere with... ____Work ____Sleep ____Walking ____Sitting ____Exercise ____Hobbies
____Leisure Activities

Did you have an injury? ____Yes ____No If Yes, please explain____
____
____
How long have you had this problem?
____
Is there a time of day that it is worse typically? ____Yes ____No If Yes, when?
____
Other doctors/treatments you've tried for this problem (Please list):____
____
____Chiropractor____
____
____Medical Doctor____
____Other____

****Please check all recurring or severe symptoms you have ever had, even if they do not seem related to your current problem(s).**

___Headaches/Migraines ___Pins & Needles in Legs/Feet ___Recurring Infection
___Infertility/Impotence/Miscarriage
___Pins & Needles in arms ___Loss of Smell ___Back Stiffness/Pain
___Loss of Balance
___Dizziness/Vertigo ___Buzzing/Ringing in ears ___Sinus Problems/Allergies
___Nervousness/Anxiety
___Numbness in fingers ___Numbness in toes ___Loss of Taste
___Stomach Upset
___Fatigue ___Depression ___ Irritability/Mood Swings
___Tension/Stress
___Sleeping Problems ___Neck Stiffness/Pain ___Cold Hands
___Cold feet
___Diarrhea/Constipation/Gas ___Foot Problems ___Shortness of Breath
___Hot Flashes
___Cold Sweats ___Light Bothers Eyes ___Problems Urinating
___Heartburn/Reflux
___High Blood pressure ___Pre-Menstrual Syndrome (PMS) ___Menopause
___Ulcers
___Jaw/TMJ Problems ___Other

Family Health Profile

In our office, we are not only interested in your health & well being, but also in that of your family and loved ones. Please mention below any health conditions or concerns you may have about your:

Children____

____

Spouse____

____

Parents____

____

Siblings____

____

Others____

____

Have you ever:
Received Chiropractic treatment? ____Yes ____No
Belonged to a Health Club? ____Yes ____No
Consumed Vitamins or Supplements? ____Yes ____No

I hereby certify that the statements and answers given on this form are accurate to the best of my recollection and knowledge.
I agree to allow **Dr. Amelie Biskup** to examine me for further evaluation.
I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

I acknowledge that upon request, Body Harmony Chiropractic will provide a Notice of Privacy Practices that was effective March of 2003.

____ _____/_____/_____
Patient signature or guardian Date

INFORMED CONSTENT

Dear Patient:

Every type of health care is associated with some risk of a potential problem. This includes Chiropractic care. We want you to be informed about potential problems associated with Chiropractic health care before consenting to treatment. This is called informed consent.

Chiropractic adjustments are the moving of bones with the Doctor's hands or with the use of a machine. Frequently, adjustments create a "popping" or "clicking " sound/sensation in the areas being treated.

In this office, the Doctor will perform your consultation, examination, physical therapy application, traction, massage therapy, exercise instruction, nutritional guidance, etc.

Stroke: Stroke means that a portion of the brain does not receive oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The Chiropractic adjustment that is related to the vertebral artery stroke is called Extension-Rotation-Thrust Atlas Adjustment. We DO NOT use this type of adjustments on our patients. Other type of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. The most recent studies (Journal of the CCA. Vol. 37, No. 2, June 1993) estimate that the incidence of this type of stroke is 1 per 3,000,000 upper neck adjustments. This means that an average Chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Disk Herniations: Disk herniations that created pressure on a spinal nerve or the spinal cord are frequently successfully treated by Chiropractors and Chiropractic adjustment, traction, etc. This includes both in the neck and back. Yet, occasionally, Chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely, surgery may cause a disk problem if the disc is in a weakened condition. These problems occur so rarely that there are no available statistics to quantify their probability.

Soft Tissue Injury: Soft Tissue primarily refers to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely, a Chiropractic adjustment (or treatment) may tear some muscle or ligament fibers. The result is temporary increase in pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify there probability.

Rib Fracture: The ribs are found only in the thoracic spine or mid-back. They extend from your back to your front chest area. Rarely, a Chiropractic adjustment will crack a rib bone and this is referred to as a fracture. This occurs primarily only on patients who have weakened bones from conditions such as osteoporosis. Osteoporosis can be
detected on your x-rays. We adjust all patients very carefully, and especially with those who have osteoporosis on their x-rays. These problems occur so rarely that there are no available statistics to quantify there probability.

Physical Therapy Burns: Some machines we use generate heat. We also use both heat and ice, and occasionally recommend them for home use. Everyone's skin has different sensitivity to these modalities and rarely, heat or ice can burn or irritate the skin. The result is a temporary increase in skin pain, and there may be some blistering of the skin. These problems occur so rarely that there are no available statistics to quantify their probability.

Soreness: It is common for Chiropractic adjustments, traction, massage therapy, exercise, etc., to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but if it occurs, be sure to inform the Doctor.

Other Problems: There may be other problems or complications that might arise from Chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as result of treatment in this clinic. We will always provide you with the best care and if results are not acceptable, we will refer you to another health care provider who we feel may assist your condition.

If you have nay questions on the above information, please ask your Doctor. Once you have a full understanding, please sign and date below.

I hereby authorize **Dr. Amelie Biskup** at Body Harmony Chiropractic to examine, diagnose, and provide chiropractic treatment based on my examination findings.

Patient's Name (Printed)____ Date ______________________
Patient's Signature ____
Guardian's Signature (if patient is a minor)____
Witnessed By ____ Date ______________________