Ne	W	Patient Intal	ke Fo	r	m Dr. Robert V	Vei	ssf	eld Today's Date	·		
Name	(la	st, first)				Ema	ail				
Address						Occupation					
City / State / Zip							Work phone				
Home phone Cell phone						How did you find out about Dr. Weissfeld?					
Emergency contact (name & phone)						Date of birth					
Plea	S	e list areas of your l	ife in v	wh	ich you would like to	imp	rov	e your health, ease o	r we	II-k	oeing
Brie	fly	y, what do you feel	are so	m	e of the causes of the	abo	ove	difficulties?			
Are	yc	ou currently under the	e care	of	a physician? If so, who	, an	d fo	or what condition(s)?			
Have	e :	you ever seen a chir	opracto	or I	pefore?YES		_N()			
List a	al	current medications	s, presc	crit	ed or otherwise, includ	ling	vita	amins & supplements	l		
											_
		ses: Me: mark co			ou have had illness		_	nily: mark column if it		_	our family
Me F	_	0	Me		The constant	Me		Dharmatia Farra	Me	F	LIIV / / Aida
	_	Cancer			Thyroid		-	Rheumatic Fever		_	HIV / Aids
	_	Diabetes Proumonia			Asthma Stomach Ulcers			Depression Soizuros		_	Hepatitis
	_	Pneumonia Tuberculosis						Seizures Stroke	+		
					Chronic Fatigue		-	Heart Disease		-	
Multiple Sclerosis Herpes Shingles o Surgeries & major physical or emotional traumas inc					ا الط	20. 4		v oto	<u> </u>	so back if panded	
0 3 u	11 (genes a major phys	SIUdi O	ı e	modonai traumas me	luull	ıy (aemai, ionsiis, appendi	x elc	,. u	SE DACK II HEEGEG

Patient Name Dr. Robert Weissfeld Page 2 of 4								
•	at apply, and note frequency of use)							
o Tobacco	o Recreational drugs	o Diet soda, artificial sweeteners						
o Alcohol	o Caffeinated beverages							
Emotional stress scale (pleas	se circle)							
1 2 3 4	5 6 7 8 9 10							
	noderate extremely stressed							
Briefly, what are your major stresses?								
Social history (check those the								
o Single	o Married							
o Significant Other	o Caregiver for de							
o Divorced	# of children and a	ages						
Do you have high blood process	ure or are you on blood proceure modications?	VES NO						
Do you have diabetes?	ure or are you on blood pressure medications?	YESNO YESNO						
Do you have diabeles?		1E3NO						
Check the first checkbox if you pr	resently have symptom, the <u>second box</u> if you have	had it in the nast						
		indu te ili tile past						
I have thi	is symptom now	•						
		•						
I had symp	ptom in the past							
X X Symptom								
······								
General symptoms –								
Fatigue	Fever / chills	Bleed / bruise easily						
Sweat without exertion	Dizziness / vertigo							
Night sweats	Low immunity							
Digestion								
Extreme appetite	Cravings	Tired after eating						
No appetite	Dieting	Bloating						
Gas	Acid regurgitation	Heartburn						
Irritability or low energy	Nausea	Vomiting, Bulimia						
between meals								
Gastrointestinal	Disady steel	Irritable because our discussion						
Diarrhea	Bloody stool	Irritable bowel syndrome						
Constipation Hemorrhoids	Mucous in stool Laxative use	Colitis						
Anal itching / burning	Anal fissures	Intestinal pain / cramping Incomplete evacuation						
Gout	Gallstones	incomplete evacuation						
EENT	Oalistories	1 1 1						
Dry eyes	Spots / flowery vision	Bleeding gums						
Difficulty swallowing	Swollen glands	Headaches						
Earaches	Poor vision	Eye strain						
Blurred vision	Cataracts	Macular degeneration						
Night blindness	TMJ Problems	Sores on tongue or mouth						
Dry mouth	Excess saliva	Sinus problems						
Post-nasal drip	Sore throat, frequent or severe	Tinnitus / ringing in ears						
Deafness	Nosebleed frequent or severe							

Patient Name	Dr. Robert Weissfeld Page 3 of 4							
Cardiovascular / respiratory	-							
Heart palpitations	Chest pain	Difficulty breathing						
High cholesterol	Varicose veins	Blood clots						
Swollen ankles	Heart valve abnormality	Shortness of breath						
Cold hands / feet	Dry cough	Wheezing						
Chest tightness	Difficult inhalation	Difficult exhalation						
Productive cough								
Musculoskeletal								
Tendonitis	Spinal pain	Joint pain/ Arthritis						
Limited range of motion	Swelling	Carpal tunnel						
Numbness	Vertebral disc degeneration	Osteoporosis						
Stress related issues								
Insomnia	Anxiety	Irritability						
Poor memory	Depression	Easily stressed						
Tremors	Seasonal mood disorder	Tics						
Recent divorce	Currently in psychotherapy	Job stress						
	Death of someone close	Financial setback						
Skin / hair								
Eczema	Dry skin	Rashes / hives / acne						
Fungal infections	Psoriasis	Dandruff						
Hair loss	Brittle nails	Ridged nails						
Genito-urinary								
Dribbling when laughing or	Incomplete urination / retention	Decreased libido / sexual						
sneezing		desire						
Burning urination	Blood in urine	Frequent urination						
Kidney stones	Bedwetting	Wake frequently to urinate						
Herpes	Infertility							
Men only								
Impotency	Prostate problems	Erectile dysfunction						
Women only								
	Age menses ended	hormone replacement therapy						
Date of last ob/gyn exam?	Hysterectomy? partial full	Live births						
Abortion(s)	Miscarriage	Fibroids						
Birth control pills	Ovarian cysts							
Candida / yeast	Discharge or odor	Human Papilloma Virus positive						
Vaginal sores	Herpes	Fibrocystic breast						
STD history (chlamydia, PID, etc)	Breast cancer	Acne associated with period						
Pain at ovulation	Cramps / low back pain	days between periods						
Constipation or diarrhea	Emotional irritability or de-	Bleeding outside of regular						
associated with period	pression associated w period	menstrual cycle						
No period / skipped cycles	Irregular cycle	Period lasts days						
Headache o before menstrual cycle o during cycle o after cycle								

Terms of Acceptance of Care and Consent for Treatment

In the course of care, it is essential for the practitioner and client to work towards the same objectives. Here is a brief explanation of goals and methods of treatment that will be used, and risks of treatment.

Health:

A state of optimal physical, mental, emotional and social well being, not just the absence of disease or infirmity.

Chiropractic Adjustment:

The chiropractic method of correction is by specific adjustments of the spine, extremities, and/or cranium. An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation, a misalignment or fixation of one or more of the vertebra in the spinal column (which causes alteration of nerve function and interference to the transmission of nerve impulses), which can impair the body's ability of achieve maximum health potential.

As in the practice of medicine and all health care, the practice of chiropractic carries some risks to treatment, including, but not limited to, fractures, disc injuries, and strokes (CVA), dislocations, and sprains. Chiropractic treatments rank among the safest and most effective form of health care, and chiropractors' malpractice insurance rates remain among the lowest in the health professions.

Functional holistic treatment:

Functional holistic treatment endeavors to correct those things that are actually found to be dysfunctional, not a disease label. As such, I do not offer treatment based on diagnosis or treat any specific disease or condition. (Disease is defined here as a collection of symptoms and other findings that are labeled with a name – arthritis or pneumonia for example.) If during the course of examination and treatment I encounter findings that suggest a pathology or that I feel are beyond my area of expertise or that I cannot treat, I will advise you.

If you desire further advice, diagnosis, or treatment for those

care provider who specializes in diagnosis and treatment based on diagnosis.

The therapeutic objective is to eliminate chemical, structural, neurological or other interference to the expression of the body's innate healing ability. The elimination of interference leads to improved health. My methods are: adjusting to correct vertebral subluxations, specific muscle work, acupuncture or laser or electro-acupuncture, techniques to support selfawareness and nutritional supplementation, all provided as needed.

Feel free to ask whatever questions you need to fulfill your understanding. You may at any time refuse or decline a specific treatment or test that you feel uncomfortable with.

Because the treatment provided relaxes compensations that may be keeping symptoms at bay, temporary aggravation of symptoms, or new symptoms may be experienced. Should this occur, it is important that you call me if the symptoms feel intense or you are concerned.

I treat all patients equally, regardless of age, sex, race, nationality or sexual orientation.

Payment

Unless previous arrangements are made, payment in full is due at the time of the visit, as check, cash, or Credit Card. Despite efforts to be assured of insurance coverage before treatment, at times the insurance will not cover some or all of the examinations and treatment. A promise of payment by your insurance does not eliminate your personal responsibility for payment. Missed appointments not canceled at least 24 hours prior to the visit will be charged full price.

Privacy Notice

This Practice is committed to maintaining the privacy of your protected health information. A Privacy Notice is posted at

findings, I recommend that you seek the services of a health	complete description of information uses and disclosure. You have the right to review the notice prior to signing this consent.						
Sincerely,							
floshluge rec							
Robert Weissfeld D.C., C.N.T.							
, (Print name) have read and understand the above statements.							
I understand that all questions regarding the doctor's objection.	ectives pertaining to my care in this office will be answered to my						
	and explain all risks and complications. I wish to rely on the						
physician to exercise judgment during the course of the the time, based upon the facts then known. I therefore ac	procedure which the physician feels are in my best interests, at cept and authorize care on this basis.						
(Signature)	(Date)						