



DR. ALEXX DELTA, DC  
541 WILLIAMETTE STREET  
EUGENE, ORE 97401  
☎ (541) 225-5594

**DELTA CHIROPRACTIC CLINIC INTAKE FORM**

*This form is to be completed after review of Delta Chiropractic Policies and must be completed and processed prior to obtaining access to Delta Chiropractic Clinic Services*

PATIENT LEGAL NAME: \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PRONOUNS & PREFERRED NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ALTERNATIVE PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ DETAILED MESSAGES OK? YES / NO

PRIMARY CARE PROVIDER \_\_\_\_\_  
HOW DID YOU FIND US? \_\_\_\_\_

RESPONSIBLE PARTY INFORMATION: ARE YOU A PARENT OR CAREGIVER? YES  NO   
NAME: \_\_\_\_\_  
RELATIONSHIP TO PATIENT: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ALTERNATIVE PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMERGENCY CONTACT INFORMATION:  
NAME: \_\_\_\_\_  
PHONE NO. : (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
RELATIONSHIP TO PATIENT \_\_\_\_\_  
OK TO SHARE DETAILED HEALTH INFORMATION WITH THEM IN THE INSTANCE CONTACT IS NEEDED? YES  NO



## PATIENT INFORMED CONSENT FOR CHIROPRACTIC TREATMENT

The primary modality Dr. Delta utilizes, is called Chiropractic. In Latin, "of the hand". Chiropractic is a type of hands-on healthcare, involving manipulation of joints, muscles, ligaments and fascia. The goal of Chiropractic is to improve structure, function, and wellbeing. Chiropractic treatment might include a range of techniques. Some techniques may be hardly felt, and other may require force that produces "clicking" or "popping" sounds. This is essentially the sound of a gas bubble forming in the joint and popping, which in a way, "resets" the area. Dr. Delta will utilize whichever techniques are suited to your needs, body, and musculoskeletal problems, and most importantly, what is safest for you.

The major benefit of chiropractic care includes pharmaceutical-free pain reduction, improved function, and resolution of complaints. The consequence of not receiving chiropractic treatment include persistent pain, continued function loss, and the possibility that a problem may worsen to the point of requiring another intervention that may include more risk, such as surgery.

Alternatives to Chiropractic include seeing other providers, or allied health specialties that address the musculoskeletal system at the academically doctoral level, like an Osteopath or Physical Therapist. A bit on language: "Doctor" is an academic term; it refers to the college degree obtained to do a job. Physician, Midwife, Nurse Practitioner, Physical Therapist, Naturopath are examples of healthcare jobs. Massage and acupuncture may be complementary to your care. Dr. Delta believes strongly in the allied care team, and rigorous attention to scope of practice. We encourage you to continue to collaborate with your primary care provider and recognize the wonderful modalities available to you as a patient to receive the best care possible.

The common adverse reactions include soreness, shifting of pain, worsening of the condition being treat, discomfort, headache, and treatment being unsuccessful in its intended purpose. Of these, soreness is most common and is often an expected reaction to chiropractic treatment. With all healthcare procedures, you must understand and acknowledge that certain severe adverse events, though very rare, are possible. These include but are not limited to fractures, disc injuries, stroke, spinal cord injury and death.

- 1. I recognize that I have a health concern requiring Chiropractic care and hereby voluntarily consent to the customary exams, tests and procedures performed by a Chiropractor and to such routine treatment as my provider deems necessary.*
- 2. I recognize that Chiropractic practice is not an exact science, and that diagnosis and treatment may involve risk of injury or even death. I acknowledge that no guarantees have been made to me as the result of examination or treatment by the provider.*
- 3. I hereby acknowledge that the details of treatment, including anticipated benefits and risks have been explained to me in terms that I understand.*
- 4. I hereby certify that I have provided the Chiropractor with a complete and accurate medical history for my safety, including history of any spinal problems, surgeries, fractures and dislocations, cardiac problems, vascular problems, and any boney conditions like bone cancer, rheumatoid arthritis and diseases of the musculoskeletal system.*

By signing below, I demonstrate that I have read the above consent form and have had the opportunity to ask questions. I intend this form to cover the entire course of my treatment at Delta Chiropractic Clinic for present and future conditions for which I seek treatment.

PATIENT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## INSURANCE, APPOINTMENTS, CONDUCT & FINANCIAL POLICIES

Dr. Delta does not bill nor is she contracted with any insurance providers. Patients are responsible for self-billing their own insurance companies if desired. Specific insurance coverage questions and issues should be directed to your insurance company member services department.

The standard charge is \$40.00 per visit, in cash. Full payment of charges is due at time of service. The aim of this, is to require less procedures and costs associated with the often-convoluted private care system here in the United States. This number was arrived at after careful consideration to what the average Eugenician would find accessible, in direct comparison to standard healthcare appointments, equipment costs, and pharmaceuticals.

While Delta Chiropractic Clinic is dedicated to treating musculoskeletal disorders that are to any reason within Dr. Delta's scope of practice to help, we do not file insurance claims, bill insurances or bill worker's compensation carriers for care provided. All appointments will require payment at time of services. It is advised that initial workup and evaluations for motor vehicle accidents should be done in the emergency department or by the patient's primary care physician. For worker's compensation claims, these injuries should be evaluated by a worker's compensation physician.

We are a walk-in clinic, open from 10:00 a.m. until 10:00 p.m. with hours and days subject to change due to patient census. The goal is to allow the patient access with regard to work schedules. Patients are seen first come, first serve. Please be patient while waiting for your turn.

In order to be kind, fair and equitable, verbal abuse is not tolerated, period. To preserve the healing and compassion of the space, kindly speak to others in a way you would like to be spoken to or treated or you may be either asked to sign a behavioral contract or discharged permanently from Delta Chiropractic.

- 1. I acknowledge that I have been provided access to Delta Chiropractic Clinic Policies and that it's my responsibility to read or understand how my protected health information may be used.*
- 2. I understand no authorization is required from me in order for Dr. Delta to use my protected health information for purposes of treatment nor health care operations. Other uses or disclosures may require my written authorization.*

PATIENT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- 1. I hereby authorize Dr. Delta to disclose any and all of my protected health information to the following person(s) below:*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## PRIVACY POLICIES

We value you as a patient and appreciate that you've chosen Dr. Delta to provide Chiropractic care to you. We're committed to protecting your personal health information. To provide the best care possible, we create, utilize and maintain a care record and documentation of the services you receive. This follows legal requirements. By law, we must keep medical information about you private, give you notice of our legal duties and privacy practices, and follow the terms of the notice that's currently in effect.

We may change our policies at any time. Changes will apply to medical information we already hold, and to the future information after the change occurs. Before we make significant change to our policies, we'll alter our notice and post the new notice for public view in the clinic office. You can receive a copy of the notice at any time- just ask. You're also welcome to take photos of any posted policies. Dr. Delta believes in doing things "by the book", and transparently. You may be asked to acknowledge in writing your receipt of this notice.

We may use and disclose medical information about you for any purpose regarding your treatment, and to obtain payment for treatment, and for healthcare operations, like comparing practice patterns as a quality improvement measure. Dr. Delta is a MANDATED REPORTER; we may use and disclose medical information about you without your prior authorization for several other reasons, subject to certain requirements. For example, for public health purposes, abuse or neglect reporting, health purposes and emergencies.

We also disclose medical information when required by law, such as in response to valid judicial or administrative orders. We may contact you for reminders, care continuity, recommend possible treatment options, alternatives, health related benefits or durable medical goods that may be of interest or help to you. We may disclose medical information about you to a friend or family member who is involved in your medical care.

- 1. I acknowledge that I have been provided access to Delta Chiropractic Clinic Privacy Policies and that it's my responsibility to read or understand how my protected health information may be used.*
- 2. I have had the opportunity to ask questions and feel that my questions have been answered sufficiently.*

PATIENT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**ADDITIONAL INTAKE INFORMATION**

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WHAT SURGERIES OR PROCEDURES HAVE YOU HAD?:

\_\_\_\_\_

WHAT CONDITIONS OR PROBLEMS HAVE YOU BEEN DIAGNOSED BY A PROVIDER?

\_\_\_\_\_

HAVE YOU RECEIVED COMPLEMENTARY THERAPIES (CHIROPRACTIC, NATUROPATHIC, MASSAGE, ACCUPUNCTURE)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT MEDICATIONS, HERBS, MINERALS, VITAMINS OR SUPPLEMENTS ARE YOU CURRENTLY TAKING? WHAT FOR?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU PREGNANT, MIGHT BE BECOME PREGNANT, OR LACTATING?

\_\_\_\_\_

HAVE YOU EVER GIVEN BIRTH?

\_\_\_\_\_

ANYTHING ELSE YOU'D LIKE DR. DELTA TO KNOW THAT WILL CONTRIBUTE TO YOU RECEIVING EXCELLENT CARE?

\_\_\_\_\_