

GENERAL HEALTH HISTORY

Patient Name _____ *Mark the conditions that apply to you.*

Past	Present	Past	Present
<input type="checkbox"/>	<input type="checkbox"/> Headaches	<input type="checkbox"/>	<input type="checkbox"/> Vision Problems
<input type="checkbox"/>	<input type="checkbox"/> Ear Infections	<input type="checkbox"/>	<input type="checkbox"/> Sleeping Problems
<input type="checkbox"/>	<input type="checkbox"/> Colic	<input type="checkbox"/>	<input type="checkbox"/> Chronic Colds/Sinus
<input type="checkbox"/>	<input type="checkbox"/> Allergies / Asthma	<input type="checkbox"/>	<input type="checkbox"/> Scoliosis
<input type="checkbox"/>	<input type="checkbox"/> Medication Side Effects	<input type="checkbox"/>	<input type="checkbox"/> Temper Tantrums
<input type="checkbox"/>	<input type="checkbox"/> Recurring Fevers	<input type="checkbox"/>	<input type="checkbox"/> ADHD/Spectrum Disorder
<input type="checkbox"/>	<input type="checkbox"/> Digestive problems	<input type="checkbox"/>	<input type="checkbox"/> Seizures
<input type="checkbox"/>	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/> Delayed Developmental Milestones (trouble walking or crawling)
<input type="checkbox"/>	<input type="checkbox"/> Other _____		

1. Vaccinations: Up to date Delayed Schedule None

2. List any medications being taken: _____

3. Number of courses of Antibiotics child has taken in the last 6 mo. _____ Total during lifetime _____

4. Name of Pediatrician and Other Doctors: _____

5. Date of Last Visit ____/____/____ Reason: _____

6. Name of Obstetrician/Midwife (If under 5 y.o.) _____

7. Location of Birth: Hospital Birthing Center Home

8. Complications During Pregnancy or Delivery: No Yes

Explain: _____

9. Mode of Delivery: Vaginal Cesarean Forceps Vacuum

10. Was an induction performed: No Yes

11. Were any of the following received: Epidural Pain meds

12. Ultrasounds During Pregnancy: No Yes How Many: _____

13. Medication During Pregnancy No Yes List: _____

14. Cigarette / Alcohol Use during Pregnancy: No Yes

15. Has any Doctor / Other Professional advised you to "Take the child to a Chiropractor ": No Yes, Name _____

PAST HISTORY

12. List any past auto collisions: _____ Was any care received? _____

13. List any past falls bumps bruises: _____ Was any care received? _____

14. List any past sport, recreational, or home injuries: _____

15. Please describe any past conditions and treatment received: _____

16. Please list any past hospitalizations and surgeries: _____

FAMILY HISTORY

Father's side: Heart Disease Cancer Diabetes Heavy Medication use Arthritis Other _____

Mother's side: Heart Disease Cancer Diabetes Heavy Medication use Arthritis Other _____

Is there any other family history you want us to know? _____

INFORMED CONSENT

To the patient (or the patient named below, whom I am legally responsible): Please read this entire form thoroughly before signing and dating. If you are unclear or have any questions about this form and its content, please ask immediately.

Chiropractic Adjustments:

The primary method of care provided by Dr. Nicholas Esser is known as chiropractic adjustments. These are highly specific intentional movements of subluxated vertebrae throughout the spinal column and bones of extremities found to cause neurological interference. These adjustments help to optimize health by facilitating neurological and biomechanical integrity, which allows maximum expression of the body's innate recuperative abilities.

Analysis/ Examination/ Treatment:

A complete case history will be performed allowing the Dr. to generate the most specific diagnosis and care plan for you. A thorough physical examination will be performed which may include vital signs, postural analysis, palpation, EMG, range of motion, muscle testing, orthopedic and neurological tests. The use of X-ray imaging may be used to determine underlying risk factors that cannot be accurately assessed during the physical examination process. Treatments may also include soft tissue and muscular therapies. Mechanical traction, neuromuscular rehabilitation techniques, nutritional, dietary and exercise counseling along with recommended homecare may also be utilized. Additional referrals to proper healthcare professionals for co-management of your case may be made.

Potential Benefits of Chiropractic Care:

The vast majority of chiropractic patients tend to achieve good to excellent improvement in their physical conditions and overall level of wellness. Regular chiropractic care can decrease symptoms of neuromusculoskeletal pain, headaches, stiffness, progression of degenerative conditions and many more. Chiropractic care can improve joint function, range of motion, flexibility, strength, posture, athletic performance and a wide array of other benefits that are all achieved through natural care. Each patient's case is unique and not all patients benefit from care equally. No guarantees are made that any specific condition, symptom or health concern may respond to chiropractic care.

Material Risks Inherent with Chiropractic Care:

As with any healthcare procedure, there are certain complications that may arise when chiropractic adjustments and other care procedures are performed. These complications include but are not limited to: fractures, muscle strain, ligamentous sprains, stroke and radiation exposure. Some patients will experience normal discomfort and soreness following initial treatments. Every reasonable effort will be made during your examination to screen for contraindications for care; however, if you have a condition that would otherwise not come to the attention of the Dr., it is your responsibility to inform.

Probability of Risks Occurring:

Fractures are rare occurrences and are generally a result from underlying weakness of the bone as in patients with osteoporosis. Your case history, examination and X-rays will be utilized to help eliminate the possible risk for fracture. Incidences of stroke are exceedingly rare. The general population has a

stroke occurrence of 1 in 133,000 (not related to chiropractic care). An occurrence with chiropractic cervical adjustments is between one and one million and one in five million. Further complications listed are described as rare.

Risks of not Obtaining Chiropractic Care:

- Prolonged reoccurring pain, discomfort and symptoms
- Scar tissue deposition and adhesions
- Degenerative spinal conditions such as Degenerative Disc or Joint Disease
- Reduced/limited mobility and flexibility
- Delayed and reduced healing response if care is postponed
- More costly and timely care of worsened conditions

Alternative Treatment to Chiropractic Care:

Other treatment options for your condition may include:

- Rest
- Self administered OTC analgesics
- Physical Therapy
- Medical care and prescription drugs such as anti-inflammatories, muscle relaxants, pain-killers and needle injections
- Hospitalization
- Surgery

Social Media and text reminders:

I consent to having my pictures posted on social media if office photos are ever taken:

Signature: _____

I consent to receiving text reminders for my appointments:

Signature: _____

I have read, or have had read to me, the above consent. I have had the ability to ask any questions pertaining to this form and its content and have had them answered completely to my satisfaction. I am aware of the benefits and risks of seeking chiropractic care as well as my alternative options for treatment. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility. By signing below, I hereby give my consent to follow and receive the recommended treatment.

Patient Printed Name

Signature of parent or guardian

Patient Signature

Signature of legal representative

Date: _____

Paying for your care is easy here!



Initial which one is you:

- No Insurance:**
- Easy! Our Chiropractic, Decompression Care Plans and simple payment arrangements have helped over 2500 people and will work great for you too!
 - Insurance pays very little and maybe not at all for necessary services like Lasik, or necessary cosmetic surgery or our incredible Decompression protocols.
- Initial_____
- Health Insurance:**
- These days, insurance pays very little if anything for natural drugless care to get you healthy. So we make it easy!
 - We will verify any benefits you may have and send your claims in to your insurance for you.
 - If they pay anything after your deductible is met, we will accept payment directly from them.
 - You are responsible for any deductible, co-insurance, co-pays and unpaid visits.
 - Of course you can use your HSA, HRA and Flex dollars here!
 - For your convenience, all payment arrangements are made in advance. We will never surprise you with a bill in the mail.
- Initial_____
- Auto Injury**
- Most Auto related injuries are covered 100% in Ohio for patients not at fault. You can get the care you need and it normally costs nothing. Great for you!
 - All we need is your claim number and insurance information.
- Initial_____
- Work Injury**
- Most Work injuries are covered 100% for up to 12 weeks of care.
 - It costs you nothing.
 - All we need is your claim number and Work Comp ins. info.
- Initial_____
- Medicare**
- Medicare pays for much of your care making it quite easy.
 - We simply need a copy of your Medicare card.
 - Medicare supplements normally don't pay anything.
- Initial_____

You have made a great decision to get care here!

Our goal is to be your family chiropractor for life!