Susan M. Seven-Sky, D.C.

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OPTIMUM HEALTH THROUGH CHIROPRACTICE CARE

PATIENT INFORMATION

Thank you for choosing our practice for your chiropractic needs. Please complete this form in ink. If you have any questions or concerns, do not hesitate to ask for assistance. We will be happy to help.

(Please Print)

Name_____ Date_____ SSN: _____-_____-_____
First MI Last

Address_____City_____State_____Zip_____

Email Address_____

Sex _____Female _____Male

Birth date _____ Home phone _____ Work phone_____

Do you prefer to receive calls at: _____Home _____Work _____Either

Are you: _____Minor _____ Married _____ Divorced _____ Widowed _____ Single _____Separated

Your employer _____ Occupation _____

Business Address _____ City _____ State _____ Zip _____

Spouse or Parent's Name _____ Workplace _____ Work Phone _____

Whom may we thank for referring you to us? _____

Person to contact in case of emergency _____ Phone _____

RESPONSIBLE PARTY

Name of person responsible for this account _____

Relationship to patient _____Phone _____

Address _____ City _____ State _____ Zip _____

Name of employer _____ Work phone _____

Patient's Name: _____ Referring Physician: _____

Review Of Systems: (Check all that apply)

Skin:

__ acne
__ athlete's foot
__ bruising
__ burning feet
__ cracks
__ dandruff
__ dry
__ eczema
__ hair loss
__ herpes
__ hives
__ itching
__ liver spots
__ oily
__ pale
__ peeling
__ poor wound healing
__ psoriasis
__ rash
__ redness
__ rough
__ skin tags
__ vitiligo
__ warts
__ white bumps
__ white patches
__ yellow tone
__ bluish lips
__ deep red lips
__ pale lips
__ ridged nails
__ spoon shaped nails
__ white spots on nails

Eyes:

__ bags under
__ blurred vision
__ burning
__ cataracts
__ crusty lids
__ dark circles
__ diplopia
__ discharge
__ dyslexia
__ floaters
__ freq blinking
__ glaucoma
__ light sensitive
__ pain
__ bloodshot
__ sclera blue
__ sclera white
__ styes
__ swollen lids
__ tearing

Ears:

__ discharge
__ earaches
__ excessive wax
__ hearing loss
__ infection
__ itching
__ red ear lobes
__ ringing
__ sound sensitive
__ tinnitus
__ vertigo
__ pressure

Nose & Sinuses:

__ crusts
__ discharge
__ freq colds
__ hayfever
__ itching
__ mucus yellow
__ nose bleeds
__ polyps
__ sinus trouble
__ sneezing
__ stuffiness
__ asthma hx

Mouth & Throat:

__ amalgams
__ bad breath
__ bleeding gums
__ bridges
__ canker sores
__ chapped lips
__ coated tongue
__ crowns
__ silver fillings
__ dentures
__ drooling
__ freq sore throats
__ gag easily
__ gingivitis
__ glossy tongue
__ gold fillings
__ grind teeth
__ hoarseness
__ implants
__ infections
__ lines on tongue
__ lips crack
__ magenta tongue
__ metal braces
__ mouth ulcers
__ red tip tongue
__ root canals
__ sore tongue

Respiratory:

__ apnea
__ asthma
__ bronchitis
__ congestion
__ cough
__ difficulty breathing
__ pleurisy
__ pneumonia
__ shortness In breath
__ wheeze
__ Smoke: Y Or N Pack per day ____

Cardiac:

__ cold extremities
__ chest pain
__ dyspnea
__ edema
__ flushing Of skin
__ heart murmurs
__ high B/P
__ low B/P
__ palpitations
__ tight chest
__ Atherosclerosis: Y Or N
__ Hx Of Heart Surgery ____

Gastrointestinal:

__ abdominal pain
__ anal itching
__ belching
__ bloating
__ colitis
__ constipation
__ diarrhea
__ difficulty swallowing
__ flatulence
__ gall bladder trouble
__ heartburn
__ hemorrhoids
__ indigestion
__ irritable bowel
__ mucus
__ nausea
__ regurgitation
__ tan stool
__ ulcers
__ vomiting
__ fat intolerance

Uninary:

__ burning
__ cystitis
__ frequency
__ hesitancy
__ incontinence
__ infections
__ kidney disease
__ nocturia
__ polyuria
__ stones
__ urgency
__ pale urine
__ dark yellow urine
__ pale urine

Genital (male):

__ discharge
__ genital herpes
__ impotence
__ infertility
__ itching
__ painful urination
__ prostatic hypertrophy
__ sores
__ testicular pain
__ infection

Genital (female):

__ birth control pills
__ discharge
__ dysmenorrhea
__ endometriosis
__ excess hair growth
__ frigidity
__ genital herpes
__ hot flashes
__ hysterectomy
__ infertility
__ irregular cycle
__ itching
__ menopausal symptoms
__ PMS
__ spotting
__ tender breasts
__ yeast infections
__ excessive bleeding

Musculoskeletal:

__ arthritis
__ atrophy
__ backache
__ CP
__ fibromyalgia
__ gout
__ hx Of fractures
__ hypotonia
__ joint pain
__ joint swelling
__ limited range/motion
__ muscle pain
__ muscle weakness
__ rigidity
__ spasms
__ spasticity
__ stiffness
__ uneven muscular development

Neurologic:

__ abnormal gait
__ ADD
__ ADHD
__ anxiety
__ apathy
__ brain fog
__ confusion
__ delusional
__ depression
__ disoriented
__ excessive sleepiness
__ fainting
__ headaches
__ hyperactivity
__ impulsiveness
__ insomnia
__ irritable
__ poor coordination
__ learning problems
__ mood swings
__ nervousness
__ nightmares
__ numbness
__ PDD
__ poor dream recall
__ poor memory
__ rage behavior
__ restlessness
__ sciatica
__ seizures
__ shaky feeling
__ speech delay
__ tension
__ tics
__ tingling
__ tremors
__ unprovoked anger
__ weakness
__ withdrawl
__ autistic features

Endocrine:

__ coarse features
__ cold intolerance
__ dysinsulism
__ edema
__ excessive hunger
__ excessive sweating
__ excessive thirst
__ fatigue
__ heat intolerance
__ HRT
__ hyperthyroid
__ hypoglycemia
__ hypothyroid
__ poor carb tolerance
__ overweight
__ underweight
__ diabetes hx

Immune:

__ autoimmune
__ breast implants
__ allergic To everything
__ cancer hx
__ chronic fatigue
__ CFS Hx
__ hepatitis hx
__ infections
__ chemical intolerance
__ lupus
__ Lyme's
__ dental implants
__ recurrent illness
__ swollen glands
__ universal reactor

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RATES AND CANCELLATION POLICIES

Adults: Office visits or Nutrition,Zyto, muscle testing & Phone consults:

• **Initial visit**	**$375.00 (2.0 hours)**
Follow up:	**$175.00 (60 minutes)**
	$125 per (30 minutes)
	$225.00 (90 minutes)
Phone consults:	**$75.00 or 55.00**
Shape Check In:	**$ 55.00**

Adults: The Initial consultation with the patient can take anywhere from 2.0 hours to 3.0 hours. Please be prepared to set the appropriate amount of time aside.

Children only: Nutrition, Zyto or Neuromuscular Therapies with music

****Initial visit: 175.00**
Follow up appointments time will depend on the individual case:
125.00 (60 minutes)
75.00 (30 minutes)
55.00 Quick check: 10-15 minute

Appointment Cancellation Policies:

- To reserve a specific time slot, your appointment should be scheduled in advance. If changes occur in our schedule and the appointment cannot be kept, please notify me at least 24 hours in advance to avoid a charge. (unless sudden illness)
  - Payment is due at time of service.
  - For Nutritional Patients proper care and follow up a check up is scheduled at every 4 months unless there is an urgent need in between.

Thank you for your cooperation in adhering to these policies is imperative to my being able to provide adequate time and services to everyone.
Thank you for understanding. Please sign to acknowledge you have read and accept these terms.

_____

Patient's Signature

Specialized Testing

CLINICAL NUTRITION: RATES AND SERVICES	COSTS of Lab Fees on
Consults for Blood work or Urine testing	**$ 75.00** **$ 55.00**
Urine testing:	
Heavy Metal test	**$120**
Minerals:	**$ 99.00**
Halides:	**$ 60.00**

Phone consultations and preparation time for the analysis of blood work or urine is charged at a rate of:
$75.00 for 30 minutes
$ 55.00 for 15 minutes
The amount of time will vary, depending upon the complexity of the case. If phone consults are needed for patients at a distance or due to time constraints with traveling arrangements must be scheduled as an appointment.