

# Bergkamp-Engle Chiropractic Confidential Patient Forms

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_

Which contact phone number do you want messages left on? Home Work Cell

Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status: M S W D Name of Spouse \_\_\_\_\_ Spouse DOB \_\_\_\_\_

Referred to our Office by \_\_\_\_\_ Internet Location

In order to help you determine your responsibility toward payment for services, please read the following, and initial your preference for the method of payment for your account. Please notify this office if the status of your insurance changes.

\_\_\_\_\_ PRIVATE SELF PAY (Cash, Check, or Major Credit Cards Accepted) I have no insurance, I agree to assume all responsibility and to keep my account current by paying for services when they are rendered. As allowed by KS state law, I am requesting a "Time of Service Discount" when I pay for my services on the same day that services are performed by enrolling in the ChiroHealthUSA program. Member enrollment fee is \$49 for a year and covers all immediate family members on same tax return. If I do not enroll in ChiroHealthUSA, I will pay the regular fee for the services provided today.

\_\_\_\_\_ I would like this clinic to bill my insurance. Insurance only pays for care that helps you FUNCTION better; they DO NOT pay for maintenance care. I understand I am responsible for the costs of treatment should my insurance company deny coverage for all or part of the claim submitted on my behalf. I understand that I will be required to pay all co-pays or co-insurance percentages as stated in my insurance plan contract. I, the undersigned certify that I have insurance coverage and assign directly to Dr. Jill Bergkamp-Engle all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of my signature below on all insurance submissions.

All patients please note that you are ultimately responsible for *timely payment* in full at this office. Credit on accounts will remain in place until Dr Jill is notified of a credit refund request by you. In the event the total balance due is more than you are able to pay, please notify Dr Jill to make reasonable payment arrangements for you to continue care. The proposed care plan and alternative care options will be explained to you. You are consenting to allow this office to begin care.

**NOTICE OF PRIVACY PRACTICES** for Bergkamp Chiropractic LLC is available at the front desk, in the reception area, and on our website at drjillchiro.com for viewing. I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices will be followed by this clinic to ensure the privacy of my personal health information. I understand that this form will be placed in my patient chart and maintained for six years.

Patient or Legal Guardian Signature: \_\_\_\_\_

Please list the names and your relationship of people to whom you authorize this clinic to release info to:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

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## Is chiropractic treatment safe?

Chiropractic is widely recognized as one of the safest drug-free, non-invasive therapies available for the treatment of neuromusculoskeletal complaints. Although chiropractic has an excellent safety record, no health treatment is completely free of potential adverse effects. The risks associated with chiropractic, however, are very small. Many patients feel immediate relief following chiropractic treatment, but some may experience mild soreness or aching, just as they do after some forms of exercise. Current literature shows that minor discomfort or soreness following spinal manipulation typically fades within 24 hours.

Neck pain and some types of headaches are treated through precise cervical manipulation. Cervical manipulation, often called a neck adjustment, works to improve joint mobility in the neck, restoring range of motion and reducing muscle spasm, which helps relieve pressure and tension. Neck manipulation is a remarkably safe procedure. While some reports have associated upper high-velocity neck manipulation with a certain kind of stroke, or vertebral artery dissection, there is not yet a clear understanding of the connection. The occurrence appears to be very rare—1 in 5.85 million manipulations—based on the clinical reports and scientific studies to date. If you are visiting your doctor of chiropractic with upper-neck pain or headache, be very specific about your symptoms. This will help your doctor of chiropractic offer the safest and most effective treatment, even if it involves referral to another health care provider.

It is important for patients to understand the risks associated with some of the most common treatments for musculoskeletal pain -- prescription and over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) -- as these treatments may carry risks significantly greater than those of chiropractic manipulation. According to a study from the American Journal of Gastroenterology, approximately one-third of all hospitalizations and deaths related to gastrointestinal bleeding can be attributed to the use of aspirin or NSAID painkillers like ibuprofen.

## Why is there a popping sound when a joint is adjusted?

Adjustment of a joint may result in release of a gas bubble between the joints that makes a popping sound – it's exactly the same as when you "crack" your knuckles. The noise is caused by the change of pressure within the joint that results in gas bubbles being released. There is usually no pain involved.

I understand that this visit will be used for evaluating pinched nerves of my spine. I have disclosed any and all important health related information for this visit. The following sensitive information will NOT be disclosed: abortion, genetic testing, maternity, sexually transmitted or other communicable diseases. My neurological and musculoskeletal systems are grossly intact therefore the standard of care procedures normally performed during an examination will be waived with my consent in order to get my structure functioning better by receiving a chiropractic adjustment.

It is not reasonable to expect the doctor to be able to anticipate and explain all risks and complications of a given procedure on any particular visit, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests. The benefits and risks have been explained to you. You will be given the opportunity to ask questions. You are consenting to begin care.

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Patient/Legal Guardian Signature

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Date

Consent to Treat Minor Child Name(s): \_\_\_\_\_

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Dr Jill Bergkamp-Engle DC ~ 316.682.6161  
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