

MEDICARE

Patients Name: _____

Date: _____

Relative Contraindications: Do you have any of the following conditions?

- ☐ Joint Hypermobility ☐ Osteoporosis/Osteopenia ☐ Benign Bone Tumors ☐ Bleeding Disorders
☐ Blood Thinners ☐ Progressive Radiculopathy

NOTE: If you currently have, or have had, one of the above listed conditions, Medicare requires that we advise you that spinal manipulation and other forms of dynamic thrust **may be contraindicated** in your condition. By signing below, you consent to care and agree to inform this office if another health care provider tells you that you have one of these conditions.

Absolute Contraindications of given area: Do you have any of the following conditions?

- ☐ Rheumatoid Arthritis ☐ Ankylosing Spondylitis ☐ Ligament Laxity ☐ Joint Dislocation
☐ Recent/Unstable Joints ☐ Unstable/Missing Dens at C2 ☐ Spinal Cancer ☐ Spinal/Joint Infection ☐ Myelopathy/Cauda Equina Syndrome ☐ Vertebrobasilar Insufficiency Syndrome
☐ Arterial Aneurysm

NOTE: If you currently have, or have had, one of the above listed conditions, Medicare requires that we advise you that spinal manipulation and other forms of dynamic thrust **is absolutely contraindicated** in the region of the spine that is affected. By signing below, you agree to inform this office if another health care provider tells you that you have one of these conditions.

Informed Consent

- We invite you to discuss with us any questions regarding our services. The best health services are based on a friendly and mutual understanding between the provider and patient.
- I authorize the performance of any necessary diagnostic tests and treatments, which usually include chiropractic manipulation (CMT) for my condition(s). Like most health care procedures, CMT carries with it some risks. Unlike other medical treatments, the serious risks associated with CMT are extremely rare. Included are soreness or initial increased pain symptoms. More rare is dizziness, nausea or flushing, susceptibility of fracture with conditions like osteoporosis. Herniated or bulged discs may worsen even with CMT – it is important to notify the doctor of changes in symptoms. Extremely rare is risk of a certain type of stroke, although this risk is the same with primary medical care and is associated with the nature of neck pain and headache presented by the patient. (Detailed documentation is available upon request).
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the staff. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, and any other expenses incurred in collecting your account.
- I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes in my medical status or address/contact information.
- I also authorize the provider and or managed care organization to release any information required to process insurance claims.

Signature _____ Date _____

REVISED OSWESTRY INDEX

Name: _____ Date: _____ File #: _____

This questionnaire helps us to understand how much your low back has affected your ability to perform everyday activities. Please check the one box in each section that most clearly describes your problem now.

SECTION 1 - Pain Intensity

- ☐ The pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderately increasing
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is severe.
- ☐ The pain is severe and does not vary much.

SECTION 2 - Personal Care (Washing, Dressing, etc.)

- ☐ I would not have to change my way of washing or dressing in order to avoid pain.
- ☐ I do not normally change my way of washing or dressing even though it causes some pain.
- ☐ Washing and dressing increase the pain, but I manage not to change my way of doing it.
- ☐ Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- ☐ Because of the pain, I am unable to do some washing and dressing without help.
- ☐ Because of the pain, I am unable to do any washing and dressing without help.

SECTION 3 - Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g. on a table).
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift very light weights at the most.

SECTION 4 - Walking

- ☐ I have no pain on walking.
- ☐ I have some pain on walking but it does not increase with distance.
- ☐ I cannot walk more than one mile without increasing pain.
- ☐ I cannot walk more than ½ mile without increasing pain.
- ☐ I cannot walk more than ¼ mile without increasing pain.
- ☐ I cannot walk at all without increasing pain.

SECTION 5 - Sitting

- ☐ I can sit in any chair as long as I like without pain.
- ☐ I can sit only in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ I avoid sitting because it increases pain immediately.

SECTION 6 - Standing

- ☐ I can stand as long as I want without pain.
- ☐ I have some pain standing, but it does not increase with time.
- ☐ I cannot stand for longer than 1 hour without increasing pain.
- ☐ I cannot stand for longer than ½ hour without increasing
- ☐ I cannot stand for longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases the pain immediately.

SECTION 7 - Sleeping

- ☐ I get no pain in bed.
- ☐ I get pain in bed but it does not prevent me from sleeping well.
- ☐ Because of pain, my normal night's sleep is reduced by less than ¼.
- ☐ Because of pain, my normal night's sleep is reduced by less than ½.
- ☐ Because of pain, my normal night's sleep is reduced by less than ¾.
- ☐ Pain prevents me from sleeping at all.

SECTION 8 - Social Life

- ☐ My social life is normal and gives me no pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing . . .
- ☐ Pain has restricted my social life and I do not go much.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of my pain.

SECTION 9 - Traveling

- ☐ I get no pain while traveling.
- ☐ I get some pain while traveling, but none of my usual forms of travel make it worse.
- ☐ I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- ☐ I get extra pain while traveling which compels me to seek alternative forms of travel.
- ☐ Pain prevents all forms of travel except done lying down.
- ☐ Pain restricts all forms of travel.

SECTION 10 - Changing Degrees of Pain

- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates, but overall is definitely getting better.
- ☐ My pain seems to be getting better, but slowly improves.
- ☐ My pain is neither getting better nor worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.