



Upper Valley Chiropractic Plc
 107 South Main Street
 West Lebanon, NH 03784
 phone: 603-298-7400
 fax: 603-298-7421

CONFIDENTIAL PATIENT CASE HISTORY

WELCOME TO OUR OFFICE! Please complete this questionnaire. Your answers will help us determine how chiropractic can help you. If we do not sincerely believe that you will benefit from the care we provide, we will not accept your case. We look forward to serving you and your family to our greatest potential. THANK YOU!

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Email Address _____ Cell Phone _____

Age _____ Birth date ____/____/____ Marital Status: M S W D # Children _____

Occupation: _____ Employer _____

Spouse's Name _____ Spouse's Office Telephone _____

Referred by _____ Nearest Relative & Telephone _____

HEALTH INFORMATION: What is your major complaint? _____

Other Complaints: _____

How long have you had this condition? _____ Have you had this or similar conditions in the past? _____

What activities aggravate your condition? _____

Is this condition getting progressively worse? No Yes Constant Comes and goes

Is this condition interfering with your: Work Sleep Daily routine Other _____

How long has it been since you really felt good? _____

Have you had previous chiropractic care? No Yes

Where/when? _____

Other doctors who have treated this condition _____

List surgical operations and years: _____

Drugs you now take: Nerve pills Pain killers Muscle relaxers "Pep" pills Tranquilizers
 Insulin Birth control pills Others _____

Age of mattress _____ Comfortable Uncomfortable

Are you wearing: Heel lifts Sole lifts Inner Soles Arch supports

Have you been in an auto accident? Past year Past 5 years Over 5 years Never

Describe: _____

Have you had any other personal injury or accident? Past year Past 5 years Over 5 years None

Describe: _____



Upper Valley Chiropractic PLLC
107 South Main Street
West Lebanon, NH 03784
phone: 603-298-7400
fax: 603-298-7421

Form: Consent for Purpose of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Dr. McLelland and Dr. Natusch for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Upper Valley Chiropractic.

I understand that diagnosis or treatment of me by the doctors may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. The doctors are not required to agree to the restrictions that I may request. However, if Dr. McLelland or Dr. Natusch agrees to a restriction that I may request, the restriction is binding on that doctor.

I have the right to revoke this consent in writing, at any time, except to the extent that the doctors have taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information collected from me and created or received by my physician, another health care provider, a health plan, my employer, or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review this office's Notice of Privacy Practices prior to signing this document.

Upper Valley Chiropractic's Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of this office.

The Notice of Privacy Practices also describes my rights and the duties of The doctors with respect to my protected health information.

Upper Valley Chiropractic reserves the right to change the privacy practices that are described in the Notices of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment. The Notice of Privacy Practices for Upper Valley Chiropractic is also provided at 107 S. Main St., West Lebanon, NH 03784.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

_____/_____/_____
Date

Description of Personal Representative's Authority



Upper Valley Chiropractic PLLC
107 South Main Street
West Lebanon, NH 03784
phone: 603-298-7400
fax: 603-298-7421

Form Notice of Privacy Practice Summary

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

The doctors use health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes and to evaluate the quality of care that you receive.

The doctors will not disclose your information to others unless you tell us to do so or unless the law authorizes or requires us to do so.

The doctors may use your information to provide appointment reminders and information about alternatives or other health-related issues.

The doctors may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research health and safety, governmental function in order to comply with workers compensation laws and regulations a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records.

You may complain to the Privacy Officer Amber McLelland, D.C. and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Upper Valley Chiropractic must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or complaints please contact Upper Valley Chiropractic at: 603-298-7400.

Signature

_____/_____/_____
Date



Upper Valley Chiropractic PLLC
107 South Main Street
West Lebanon, NH 03784
phone: 603-298-7400
fax: 603-298-7421

Patient Authorization regarding chiropractic care being provided in an “open adjusting” environment.

It is the practice of this office to provide chiropractic care in an “open adjusting” environment. This “open adjusting” involves several patients being seen in the same adjusting area at the same time. Patients are within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is NOT the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as “incidental disclosures” of health information. It is our view that the kinds of matters related in an “open adjusting” environment are incidental matters, in the event you or someone else would not agree with us we are providing this disclosure.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care and health information. If you choose not to be adjusted in an open-adjusting environment other arrangements will be made for you. Your decision will have no adverse effect on your care from Dr. McLelland or Dr. Natusch.

Your signature indicates your authorization of this activity.

Signature

____/____/_____
Date

You may revoke this authorization at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedures to be completed.



Upper Valley Chiropractic PLLC
 107 South Main Street
 West Lebanon, NH 03784
 phone: 603-298-7400
 fax: 603-298-7421

Dear Patient:

Upon verifying your insurance coverage for Chiropractic Insurance, companies occasionally give this office incorrect information. Therefore, we strongly urge you to contact your insurance company to verify your own insurance.

Please verify the following information and **return this form** to Upper Valley Chiropractic.

Following this procedure may prevent problems with billing and payments, therefore preventing you from receiving an unexpected bill.

INSURANCE COMPANY _____

ID# _____

Customer Service Rep: _____

Effective Date of Insurance: _____

Explanation of Chiropractic Benefits:

Co-Pay	_____	
Deductible	_____	Deductible met so far: _____
# visits	_____	Per Contract or Calendar Year?

Are X-rays covered if necessary? _____

Is there a referral needed before service? _____

Additional Information: _____

Information Taken By: _____ Date: _____

Dr. Amber McLelland is **in Network** for: Blue Cross Blue Shield (Anthem), Cigna and Harvard Pilgrim, United Health Care, Aetna, Health Care Value Management, Great West, Medicare

Dr. Bryan Natusch is **in Network** with: Blue Cross Blue Shield (Anthem), and **Non-Participating** with Medicare (you will get reimbursed from Medicare).

We will be happy to provide the paperwork for you to get reimbursed with any other insurance company you may have. This would be according to your **Out Of Network Benefits** between you and your insurer.