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Appendicitis			Anemia				DISEASE					D: 1 /		HISTORY		
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Polio Tuberculosis			Chicken	Pox	-	Pleurisy	3	_	Mental I Lumbag	Disorder o	Father Brother					
Whooping Co	ough	(Diabetes Cancer		_	Alcoholis Venereal	sm I Disease	_	Eczema		No. of Sister					
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PATIENT CONSULTATION

Name:		Date:
AREAS OF COMPLAINT:		
	RIGHT	LEFT
Please list prescription medi	cations you are t	aking:
	Patient's Signati	ure
		CE USE ONLY BELOW LINE
Ht Wt	BP	Pulse Temp
	······································	
Doctor's Comments:		

PATIENT PRIVACY NOTICE ACKNOWLEDGEMENT

Please list the names of any family/friends who have permission to receive information concerning you and/or your PHI from our staff. You maintain the right to rescind permission at any point.

Name	Relationship
Name	Relationship
Name	Relationship
By subscribi agreement to	ing my name below, I acknowledge receipt of a copy of this Privacy Notice, and my understanding and my to its terms.
(Plea	ase Print Name)
(Sigr	nature)
(Date	e)
	For Office Use Only
We attempte could not be	ed to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement obtained because:
	Individual refused to sign
	Communication barriers prohibited obtaining the acknowledgement
	An emergency situation prevented us from obtaining acknowledgement

WELCOME TO OUR OFFICE...

We appreciate the opportunity to be a part of your health care team. Here at our office we do an initial 3 visit plan of treatment, and you will be treated on each visit unless there are extenuating circumstances. We are required by law to do a complete orthopedic exam on new patients and this is broken down over your first 2 visits in order to prevent exacerbation of an aggravated condition. Although the exam spans the first 2 visits, the cost is one fee and is paid on the initial visit. On your third visit, we do a Report of Findings where we will review with you your test results and x-rays. There is no charge for the Report of Findings, but we are anticipating treating you on that day and you will be billed for the treatment. At that time you will be aware of what your condition is and you can select the level of care you would like, whether it be relief care or corrective care.

We also let our new patients know that if you return for a second treatment ON THE SAME DAY, there is no additional charge for that treatment.

Once again, thank you for the opportunity to be a part of your health care team.

The Staff of Rushin Chiropractic Center

Patient Initials	Date	
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