Welcome

OPTIMUM HEALTH THROUGH CHIROPRACTIC 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 _____ SS/HIC/Patient ID#_____
First Middle Initial Last

Address _____ City _____ State _____ Zip _____

Sex: ❑ Female ❑ Male Birthdate _____ E-mail _____

Home Phone (_____)_____ Cell Phone (_____)_____ Work Phone (_____)_____

Do you prefer to receive calls at: ❑ Home ❑ Work ❑ Cell ❑ No Preference

❑ Married ❑ Widowed ❑ Single ❑ Minor ❑ Separated ❑ Divorced ❑ Partnered for_____years

Patient Employer/School _____ Occupation _____

Employer/School Address _____ City _____ State ____ Zip _____

Spouse or parent's name _____ Employer _____ 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 (_____) _____

Insurance Information

Name of insured _____ Relationship to patient _____

Birthdate _____ Social Security # _____ Date employed _____

Name of employer _____ Work Phone (_____) _____

Address _____ City _____ State _____ Zip_____

Insurance Co. _____Phone (_____) _____ Group #_____ Employer # _____

Insurance Co. Address _____ City _____ State _____ Zip_____

How much is your deductible? _____ How much have you used? _____ Max. annual benefit? _____

DO YOU HAVE ADDITIONAL INSURANCE? ❑ No ❑ Yes IF YES, PLEASE COMPLETE THE FOLLOWING:

Name of insured _____ Relationship to patient _____

Birthdate _____ Social Security # _____ Date employed _____

Name of employer _____ Work Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Insurance Co. _____Group # _____ Employer # _____

Insurance Co. Address _____ City _____ State _____ Zip _____

How much is your deductible? _____ How much have you used? _____ Max. annual benefit? _____

CONFIDENTIAL

Symptoms

Reason for visit _____ When did you first notice the symptoms? _____
Is this condition getting progressively worse? _____
Where specifically is the problem(s) located? _____
Which activities are difficult to perform? ❑ Sitting ❑ Standing ❑ Walking ❑ Bending ❑ Lying down ❑ Other
Type of pain: ❑ Sharp ❑ Dull ❑ Throbbing ❑ Numbness ❑ Aching ❑ Shooting
❑ Burning ❑ Tingling ❑ Cramps ❑ Stiffness ❑ Swelling ❑ Other
Rate the severity of your pain. (1, mild pain or discomfort, to 10, severe pain): 1 2 3 4 5 6 7 8 9 10
Is the pain constant or does it come and go? _____
What treatment have you already received for your condition?
❑ Medication ❑ Surgery ❑ Physical Therapy ❑ Other _____
Name and address of other doctor(s) who have treated you for your condition:
_____

Health History

Check only those conditions which are applicable:

❑ AIDS/HIV	❑ Cataracts	❑ Hepatitis	❑ Osteoporosis	❑ Suicide Attempt
❑ Alcoholism	❑ Chemical Dependency	❑ Hernia	❑ Pacemaker	❑ Thyroid Problems
❑ Allergy Shots	❑ Chicken Pox	❑ Herniated Disc	❑ Parkinson's Disease	❑ Tonsillitis
❑ Anemia	❑ Depression	❑ Herpes	❑ Pinched Nerve	❑ Tuberculosis
❑ Anorexia	❑ Diabetes	❑ High Cholesterol	❑ Pneumonia	❑ Tumors, Growths
❑ Appendicitis	❑ Emphysema	❑ Kidney Disease	❑ Polio	❑ Typhoid Fever
❑ Arthritis	❑ Epilepsy	❑ Liver Disease	❑ Prostate Problems	❑ Ulcers
❑ Asthma	❑ Fractures	❑ Measles	❑ Prosthesis	❑ Vaginal Infections
❑ Bleeding Disorders	❑ Glaucoma	❑ Migraine Headaches	❑ Psychiatric Care	❑ Venereal Disease
❑ Breast Lump	❑ Goiter	❑ Miscarriage	❑ Rheumatoid Arthritis	❑ Whooping Cough
❑ Bronchitis	❑ Gonorrhea	❑ Mononucleosis	❑ Rheumatic Fever	❑ Other _____
❑ Bulimia	❑ Gout	❑ Multiple Sclerosis	❑ Scarlet Fever	_____
❑ Cancer	❑ Heart Disease	❑ Mumps	❑ Stroke	_____

Dates of last exams _____
(Women) Are you pregnant? ❑ Yes ❑ No Nursing? ❑ Yes ❑ No Taking birth control pills? ❑ Yes ❑ No
List any types of surgeries which you have had and the dates which they occurred:
_____
Please list all medications you are currently taking: _____
Allergies: _____

Daily Habits

What type of exercise do you perform on a daily basis? ❑ None ❑ Moderate ❑ Heavy
What do your daily work habits include? (ex: sitting, standing, light labor, heavy labor, computer work)
_____
What vitamins do you currently take? _____
What kind of other nutritional supplements do you take (if any)? _____
Do you smoke? ❑ No ❑ Yes How much per day? _____
How much liquor do you consume on a weekly basis? _____
How much coffee or caffeinated beverages do you consume on a daily basis? _____

Certification and Assignment

To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

I certify that I, and/or my dependent(s), have insurance coverage with _____
Name of Insurance Company(ies)
and assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above-named doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or one year from the date signed below.

_____ _____
Signature of Patient, Parent, Guardian or Personal Representative Date

_____ _____
Please print name of Patient, Parent, Guardian or Personal Representative Relationship to Patient

Name:

Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient's or client's potential need for a Clinical Purification™ program.

Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.

Circle the corresponding number.	
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

1. DIGESTIVE

a. Nausea and/or vomiting	0 1 2 3 4
b. Diarrhea	0 1 2 3 4
c. Constipation	0 1 2 3 4
d. Bloated feeling	0 1 2 3 4
e. Belching and/or passing gas	0 1 2 3 4
f. Heartburn	0 1 2 3 4

Total: ____

2. EARS

a. Itchy ears	0 1 2 3 4
b. Earaches or ear infections	0 1 2 3 4
c. Drainage from ear	0 1 2 3 4
d. Ringing in ears or hearing loss	0 1 2 3 4

Total: ____

3. EMOTIONS

a. Mood swings	0 1 2 3 4
b. Anxiety, fear, or nervousness	0 1 2 3 4
c. Anger, irritability	0 1 2 3 4
d. Depression	0 1 2 3 4
e. Sense of despair	0 1 2 3 4
f. Uncaring or disinterested	0 1 2 3 4

Total: ____

4. ENERGY / ACTIVITY

a. Fatigue or sluggishness	0 1 2 3 4
b. Hyperactivity	0 1 2 3 4
c. Restlessness	0 1 2 3 4
d. Insomnia	0 1 2 3 4
e. Startled awake at night	0 1 2 3 4

Total: ____

5. EYES

a. Watery or itchy eyes	0 1 2 3 4
b. Swollen, reddened, or sticky eyelids	0 1 2 3 4
c. Dark circles under eyes	0 1 2 3 4
d. Blurred or tunnel vision	0 1 2 3 4

Total: ____

6. HEAD

a. Headaches	0 1 2 3 4
b. Faintness	0 1 2 3 4
c. Dizziness	0 1 2 3 4
d. Pressure	0 1 2 3 4

Total: ____

7. LUNGS

a. Chest congestion	0 1 2 3 4
b. Asthma or bronchitis	0 1 2 3 4
c. Shortness of breath	0 1 2 3 4
d. Difficulty breathing	0 1 2 3 4

Total: ____

8. MIND

a. Poor memory	0 1 2 3 4
b. Confusion	0 1 2 3 4
c. Poor concentration	0 1 2 3 4
d. Poor coordination	0 1 2 3 4
e. Difficulty making decisions	0 1 2 3 4
f. Stuttering, stammering	0 1 2 3 4
g. Slurred speech	0 1 2 3 4
h. Learning disabilities	0 1 2 3 4

Total: ____

9. MOUTH/THROAT

a. Chronic coughing	0 1 2 3 4
b. Gagging or frequent need to clear throat	0 1 2 3 4
c. Swollen or discolored tongue, gums, lips	0 1 2 3 4
d. Canker sores	0 1 2 3 4

Total: ____

10. NOSE

a. Stuffy nose	0 1 2 3 4
b. Sinus problems	0 1 2 3 4
c. Hay fever	0 1 2 3 4
d. Sneezing attacks	0 1 2 3 4
e. Excessive mucous	0 1 2 3 4

Total: ____

11. SKIN

a. Acne	0 1 2 3 4
b. Hives, rashes, or dry skin	0 1 2 3 4
c. Hair loss	0 1 2 3 4
d. Flushing	0 1 2 3 4
e. Excessive sweating	0 1 2 3 4

Total: ____

12. HEART

a. Skipped heartbeats	0 1 2 3 4
b. Rapid heartbeats	0 1 2 3 4
c. Chest pain	0 1 2 3 4

Total: ____

13. JOINTS / MUSCLES

a. Pain or aches in joints	0 1 2 3 4
b. Rheumatoid arthritis	0 1 2 3 4
c. Osteoarthritis	0 1 2 3 4
d. Stiffness or limited movement	0 1 2 3 4
e. Pain or aches in muscles	0 1 2 3 4
f. Recurrent back aches	0 1 2 3 4
g. Feeling of weakness or tiredness	0 1 2 3 4

Total: ____

14. WEIGHT

a. Binge eating or drinking	0 1 2 3 4
b. Craving certain foods	0 1 2 3 4
c. Excessive weight	0 1 2 3 4
d. Compulsive eating	0 1 2 3 4
e. Water retention	0 1 2 3 4
f. Underweight	0 1 2 3 4

Total: ____

15. OTHER:

a. Frequent illness	0 1 2 3 4
b. Frequent or urgent urination	0 1 2 3 4
c. Leaky bladder	0 1 2 3 4
d. Genital itch, discharge	0 1 2 3 4

Total: ____

Section I Total: ____

Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

16. Circle the corresponding number for questions16a-16f below.

0	Never	1	Rarely	2	Monthly	3	Weekly	4	Daily

a. How often are strong chemicals used in your home?
(disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) 0 1 2 3 4

b. How often are pesticides used in your home? 0 1 2 3 4

c. How often do you have your home treated for insects? 0 1 2 3 4

d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? 0 1 2 3 4

e. How often are you exposed to nail polish, perfume, hairspray, or other cosmetics? 0 1 2 3 4

f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? 0 1 2 3 4

Total: _____

17. Circle the corresponding number for questions 17a-17b below.

0	No	1	Mild Change	2	Moderate Change	3	Drastic Change

a. Have you noticed any negative change in your health since you moved into your home or apartment? 0 1 2 3

b. Have you noticed any change in your health since you started your new job? 0 1 2 3

Total: _____

18. Answer yes or no and circle the corresponding number for questions 18a-18d below.

	No	Yes
a. Do you have a water purification system in your home?	2	0
b. Do you have any indoor pets?	0	2
c. Do you have an air purification system in your home?	2	0
d. Are you a dentist, painter, farm worker, or construction worker?	0	2

Total: _____

Section II Total: _____

Grand Total (Section I & Section II) _____

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a Clinical Purification™ program.

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick.

HARMONIZING YOUR HEALTH

DR. SEAN DIAMOND
518 MONROE TPKE • MONROE • CT • 06468
TEL:(203)452-0799 • FAX:(203)452-0405
BACMAN@OPTONLINE.NET

Dear New Patient:

We would like to welcome you to our office and we thank you for your interest and enthusiasm in natural healing. Our office is dedicated to nourishing the amazing healing potential of your body and balancing the Structural, Biochemical and Emotional aspects of you. Remember that your body has to process the energy work that we do in the sessions and your body is self-healing and self-regulating. We offer you whole-body health care with the vision to see the human body as much more than the sum of its parts. In our practice we work with all ages and we use many techniques to facilitate balance. We would like to introduce you to some of these techniques.

☯ Chiropractic

Chiropractic philosophy begins with the principle that the human organism has an innate power to maintain its own health. The art of chiropractic focuses on the Nervous System (the brain and spinal cord) which manages the body's vast chemical interactions to help ensure proper function. The brain sends messages through the spinal cord across a huge network of spinal nerves to deliver information to every cell, organ and system of the body. This information system coordinates the myriad chemical reactions that dictate how well you sleep, how food is digested, your ability to concentrate, physical coordination, the capabilities of the immune system and all aspects of body function.

When bones of the spine become misaligned or move out of their normal position, they can distort the flow of information from the brain to the body. Without the proper information from the Nerve System, the body cannot function to its full potential. Specific adjustments correct spinal malfunctions, called subluxations, in order to remove interference to the spinal cord and the nerves that run between the bones of the spine. Science has found that the nerve system controls all other organs and tissues of the body, so a nerve system functioning at its best facilitates the body's ability to coordinate its many functions.

☯ Applied Kinesiology

Applied Kinesiology (AK) is a unique system for evaluating body function. The body is a self-regulating mechanism and when health is lost, something is interfering with the body's adaptability and its ability to cope with different environmental stresses. Examination using AK is directed toward how the body is dys-functioning, the cause of the dys-function, and the therapeutic efforts that will enable it to regain and maintain health.

AK is a wonderful form of diagnosis using muscle testing as a mechanism to examine how a person's body is functioning and examine organ imbalance and energy blockage. The muscle tests do not always evaluate the muscle for power but evaluate how the Nervous System controls the muscle and organ function. Muscular imbalance can distort structural posture and even has an effect on other organ functions. Muscle testing can be thought as functional neurology and the correct treatment reestablishes balance and strength to the muscle and body.

☯ Total Body Modification

This very sophisticated system of kinesiological testing (muscle testing) enables the practitioner to discover imbalances or blockages impairing optimum health and function. TBM is able to evaluate, reset and rebalance internal organs and most of the known body functions by stimulating reflex points located along the spine which will correct imbalances of functional physiology. TBM can help balance blood sugar metabolism, improve water utilization and neurological function (thinking, concentration, memory), strengthen immune system response (virus, bacteria, parasites), and open energy circuits to facilitate energy flow, enhance digestion and circulation and also assist in clearing emotional blocks. This is where TBM is an invaluable tool, as it enables the practitioner to turn back on and fine tune the various parts of the immune system (thymus, spleen, various T cells ...) to a specific pathogen so that it finally recognizes that there is an infection going on, identify which pathogen is responsible for it and can reestablish homeostasis.

☯ Neuro-Emotional Technique

The Neuro Emotional Technique (NET) is a methodology used to normalize unresolved physical and/or behavioral patterns in the body. NET assists the body's healing process by identifying and balancing unresolved emotional influences—it's a mind-body approach. Emotions are traditionally thought of as being normal functions of human beings and normally pose no Neuro-physiological problem. Occasionally, emotional trauma in the presence of a neurological or meridian deficit can cause a physio-pathological related pattern in the body which does not resolve of itself. To bring about lasting change, NET seeks to normalize this pattern by identifying the emotion and also linking it to a certain altered physiological states. NET makes use of the Neuro-mechanisms of speech, general semantics, emotions, acupuncture and chiropractic principles, laws of the meridian system, cutaneous reflex points, principles of traditional psychology and more.

☯ Clinical Nutrition

The food you eat has a direct impact on your life. It impacts the way you feel, your level of energy, how you think, your mood, your sleep, your weight, your digestion, your hormones, your overall health. Optimum nutrition is important for immune system strength and adaptability, sports performance, stress and allergy resistance and nourishing a child's brain and body for adequate learning and growth. It is wise to choose your foods carefully and respect your body and mind by enjoying plenty of fruits and vegetables, good quality proteins, healthy anti-inflammatory fats (such as flax and fish) and fiber rich foods. Occasionally the body needs additional support. We have clinical knowledge to discover nutritional deficiencies and we may recommend specific supplements with specific whole food nutrition.

☯ Hormone Balancing

Hormones are chemical messengers that are produced by the endocrine glands and are carried by the bloodstream. Hormones are involved in just about every biological process: immune function, reproduction, growth, calcium utilization, metabolism and weight management, emotional state, sleep cycle, and they even control other hormones. By analyzing hormone utilization and maintenance by the different endocrine glands, we can gain an understanding on the health and vitality of the person and facilitate the delicate endocrine balance.

☯ Allergy Elimination

The first step in this process is to gain an understanding on what is causing the allergy and imbalance and then using various alternative techniques, we can de-sensitize the body and clear the blood, lymph, cells and from the allergen. This kind of de-sensitization is very effective in detoxifying the body and clearing the body of toxic reactions and adverse symptoms.

☯ Cranio-Sacral Therapy

The Cranio-Sacral system is comprised of the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. Cranio-Sacral therapy is a gentle, hands-on method of evaluating and releasing restrictions in the Cranio-Sacral system to improve the functioning of the central nervous system. By complementing the body's natural healing processes, CST is increasingly used as a preventive health measure for its ability to bolster resistance to disease, and is effective for a wide range of medical problems associated with pain and dysfunction. It is also important for babies and children to mold the nervous system efficiently.

☯ Acupuncture

According to Traditional Chinese Medicine, health is achieved by maintaining the body in a "balanced state"; disease is due to an internal imbalance of yin and yang. This imbalance leads to blockage in the flow of Qi (vital energy) along pathways known as meridians. Qi can be unblocked, according to TCM, by inserting fine acupuncture needles at specific points on the body that connect with these meridians, to balance the flow of energy and restore the body's natural state of health. There are at least 14 meridians or main channels connecting the body in a web-like interconnecting matrix of at least 2,000 acupuncture points widely used to treat many different illnesses, and to maintain good health.

The human body possesses a unique potential for recovery and balance through the innate intelligence and potential of the body. We offer you whole-body health care with the opportunity to enjoy wholesome wellness in every facet of your life. We trust that you will find relief and a sense of peace within our practice and we look forward to working with you and your family.

Best of health,
Dr. Sean Diamond