

WELCOME TO GRUNDY CHIROPRACTIC!!

Where optimum health for You and Your Family is Attainable

Date: _____ Pt. #: _____

Name _____ Referred By _____

Address _____ Social Security # _____

City _____ State _____ Zip _____

Home # _____ - _____ - _____ Cell # _____ - _____ - _____

E-mail _____ Birth date _____ Age _____ Sex _____

Height _____ Weight _____ S M D W Number of Children _____

Shoe Size _____ Extra Wide Wide Medium Narrow

Work Place _____ Work Phone # _____ - _____ - _____

Work Address _____

Position _____

Seen a Chiropractor before? YES NO When? _____

Reason for leaving _____

Reason why you are here today _____

Any other reason that you are here for _____

How long (duration) have you suffered with this problem _____

How bad (intensity) is this problem (1=mild 10= severe) _____

What have you tried so far to correct your problem that has not worked (i.e.: heat (dry or moist), ice, aspirin, over the counter medication, prescription medication, other health professionals, etc.)

What results have you achieved with the above _____

What specific results are you looking for? _____

What does your problem interfere with: (please circle)

Work Co-workers Sleep Walking Sitting Hobbies Leisure Sports Family Other

On a scale of 1- 10 (1=none 10= Extreme) describe your Stress level

Occupational _____

Personal _____

On a scale of Poor (P), Good (G), Excellent (E) describe your:

Diet: P G E Exercise: P G E Sleep: P G E General Health: P G E

What activities do you enjoy doing the most that you are unable to accomplish now because of your current health status (or that you may be able to do, but really are not enjoying it as much):

Would you like to be able to do this again and truly enjoy it? _____

As Albert Einstein said, "Trying to correct a problem by doing the same thing that got you there in the first place is the definition of insanity."

What is your level of commitment to correcting your problem, not just covering up the symptom: (please rate on scale of 1 - 10 , 1=very low 10= very high) _____

Is there anything preventing you from fully correcting your problem and enjoying Optimum

Health? NO YES if yes: Time Money Distance Spouse Other

Family Members: please mention below any health concerns you may have about your:

Children _____

Spouse _____

Mother _____

Father _____

Brother(s) _____

Sister(s) _____

Other _____

Please feel free to offer any additional information that you would like the Doctor to know about that may help him help you:

IN ORDER THAT WE MAY BETTER EXPLAIN
TO YOU YOUR CONDITION AND HOW WE MAY
BE ABLE TO HELP, PLEASE CIRCLE
ONLY **ONE** ANSWER PER QUESTION:

DO YOU REMEMBER IMPORTANT EVENTS OF YOUR PAST BY:

1. WHAT YOU SAW?
2. WHAT YOU HEARD?
3. HOW YOU FELT?

DO YOU BRUSH YOUR TEETH TO:

1. PREVENT TOOTH DECAY?
2. INSURE OPTIMAL TEETH AND GUMS?

DO YOU MAKE IMPORTANT DECISIONS:

1. BECAUSE OF THE FACTS?
2. ON HOW YOU FEEL?

TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxations. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I, therefore, accept chiropractic care on this basis.

(Signature)

(Date)

I AGREE TO PAY TODAY FOR ALL SERVICES DONE TODAY. INCLUDING, BUT NOT LIMITED TO: EXAMINATION, XRAY(S), ADJUSTMENT AND ANY OTHER EXPENSES.

Desired method of payments: CASH MASTERCARD VISA CHECK

I hereby authorize any treating physician or hospital to release to Dr. Grundy any and all health records in their possession for health care rendered to me.

I authorize payment of medical benefits to Dr. Bruce Grundy or Grundy Chiropractic for services rendered.

I understand that I am financially responsible for all bills incurred under the care of Bruce Grundy, D.C., or Grundy Chiropractic, Inc.

Our office policy states payment must be made in full for all services rendered at the time of visit unless other arrangements have been made. If the account is not paid within 30 days it will begin accruing interest at a rate of 21%. If your account is not paid in full within 60 days you will be responsible for any expenses incurred in the collection process of your account. If you are involved in any type of litigation case, ie: auto accident, and you choose to discontinue care before the doctor releases you, your balance will be due immediately. The above days and rates will apply.

Dr. Grundy has very affordable plans so that you may receive care and not carry a balance. Ask someone at the front desk for details or talk with Dr Grundy. We are here to help you achieve your optimum health potential and keep it that way for life. That is our primary concern. ALL PRE-PAY PLANS ARE NON-REFUNDABLE.

I, _____, agree to abide by the above policies.

SIGNATURE OF PATIENT/RESPONSIBLE PARTY

DATE

Hello!

Welcome to Grundy Chiropractic!!

We are pleased that you are here and would like to take a moment to explain Chiropractic and how our office works.

There are two different types of Chiropractors. The first is what we call a “limited scope Chiropractor”. This is the type of Chiropractor that finds your pain, takes care of you until your pain goes away, and then sees you only when your pain comes back. This is the same as taking medication, for all that it accomplishes is to mask or cover up your symptom, tricking you into thinking that you are “corrected” or healthy.

The second type is what we call a “Full Spectrum Chiropractor”. This is the type of care that we provide. We want to find out what is causing your problem, get this problem corrected and then keep it that way. The last thing that we want is to just “cover up” your symptoms while leaving the cause behind to keep coming back, again and again.

Chiropractic is actually very simple in how it works. Funny, it is usually the simple things in life that actually work, although we usually overlook the simple way and try to complicate it.

Your brain builds and controls your body. Your body is a self-healing, self-regulating organism. Brain talks to body and body talks back to brain. If this communication system is free from interference, then your body will function at its’ OPTIMUM HEALTH POTENTIAL. If there is interference (disturbance), then you function at less than normal, less than optimal.

Your brain sends messages, via electrical impulses. We call this Innate Intelligence, some people call this G-d within, and some even call it their intuition. Please use whatever is best for you. The messages go through our brainstem area (the spot at the base of our skull), which is the most important area of our body. You see, you can get shot in the head, or in the chest and still live (granted, less than you were before) but if you get hit hard enough in the brainstem area, it is all over. The messages travel up and down our spinal cords (inside our spine) at a rate of approximately 100,000 messages per minute.

In our spines, between each vertebrae (bone) there is a normal opening for the nerves to pass through, and if this opening is maintained, the messages can freely go through and out to our cells. The cells in our body die and replace themselves at a rate of approximately 2 ½ million per minute. For example, our heart is new every 3 months, our stomach is new every 6 months, the roof of our mouth is new every 2 Hours!! Our immune systems completely replaces its’ cell and tissue structure every 90 Days, our organs are new every 6-8 months. Pretty amazing, isn’t it?!! If each cell replaces itself in a healthy, Vitalistic state (healthy for healthy for healthy), then our bodies will function at their Optimum Health Potential.

However, if there is disturbance or interference in the opening between the bones, the messages will be distorted and the healthy cells will be replaced with sicker, dieing cells, or what we call Dis-Ease tissue cells. This disturbance or interference is called a SUBLUXATION. A subluxation is what we are examining you for and what we correct.

This part is really interesting. Once your body starts to replace healthy cells with dis-ease cells, and then dis-ease cells with more dis-ease cells, you will NOT KNOW IT is occurring. You can actually do this abnormal process for minutes, weeks, days, months, years and even decades WITHOUT KNOWING IT. This is how you can build ill health in your body, without having any “warning signs”.

Once you accumulate enough dis-eased tissue cells (damaged tissue cells) to reach your tolerance level, and then pass over that tolerance level, then you will have a SYMPTOM.

We DO NOT treat your symptoms, for this is a failure practice. If removing your symptoms worked so well, you probably wouldn't be here right now. We do not treat your damage (dis-eased) tissue cells. Our main focus is to take care of your problem, by removing your Subluxations and allowing your body to function normally and thus allowing it to heal itself as it was designed to.

In order to get a clear picture of exactly what is happening in your body, you will receive three computer examinations. The first test is called a Thermography examination. The function of this test is to help us determine how well your organs are functioning, basically, how healthy you are!! The second test is called Surface Electromyography (SEMG). This test determines how your muscles are functioning, whether they are balanced, imbalanced and where the abnormal pulling is occurring. The third test is a scan of your feet. You must have a proper foot foundation to achieve optimum health. You will receive color print outs of all of these tests when the Doctor reviews all of your examination findings with you. After the computer examinations, Dr. Grundy will then palpate (feel) your spine, further evaluating your subluxations. After this, you will then receive spinal X-rays. These films are essential in helping determine your subluxations, as well as the exact position of your spine and its curves (normal and abnormal (i.e.: scoliosis)). These tests are painless; the information is priceless.

When this is all completed, the front desk will then schedule you for your Relating of Findings. This usually occurs the following business day. Between your exam and your Relating of findings, Dr. Grundy will mark up your X-rays, evaluate and review all of your test findings, determine the best course of care for you, and make his recommendations.

We highly recommend that your spouse (or significant other) attend your Relating of Findings appointment. We are sure they are concerned, and would like to support you.

We all look forward to working with you, helping you to function better and to become healthier. Thank you for choosing Grundy Chiropractic. We will do our best for you!!!