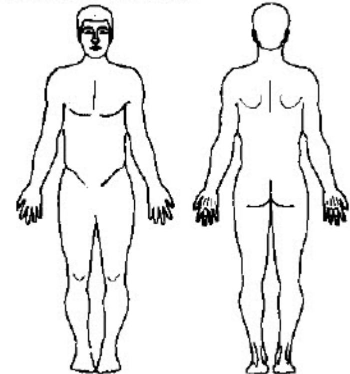
CARSON DOCTORS GROUP
DR. CHRISTOPHER WILKERSON

INITIAL HEALTH STATUS

Patient Name ______________________ Birthdate ______________ Sex M / F
Address ______________________ City ______________
State ______ Zip __________ Telephone (____) __________ HT: ____ WT: ____ Email __________
Occupation ______________ Employer ______________ Work Phone __________
Address ______________ City ______________ State ______ Zip ______
Subscriber Name ______________ Health Plan: ______________
Subscriber ID # ______________ Group # ______________ Spouse Name ______________
Spouse Employer ______________ City ______________ State ______ Zip ______
Primary Care Physician Name ______________ PCP Phone ______________

MARK AN **X** ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.



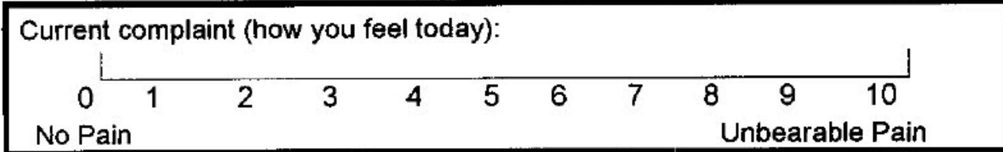
DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN:

☐ Headache ☐ Neck Pain ☐ Mid-back Pain ☐ Low Back Pain
☐ Other ______________

Is this? ☐ Work Related ☐ Auto Related ☐ N/A

Date Problem Began: ______________

How Problem Began: ______________

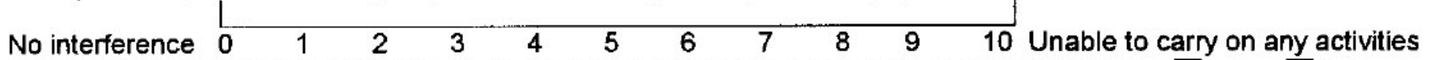


Current complaint (how you feel today):

0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable Pain

How often are your symptoms present?
(Intermittent) ☐ 0 – 25% ☐ 26 – 50% ☐ 51 – 75% ☐ 76 – 100% (Constant)

In the past week, how much has your pain interfered with your daily activities (e.g., work, social activities, or household chores?



No interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

HAVE YOU HAD SPINAL X-RAYS, MRI, CT SCAN FOR YOUR AREA(S) OF COMPLAINT? ☐ No ☐ Yes

Date(s) taken: ______________ **What areas were taken?** ______________

Please check all of the following that apply to you:

☐ Recent Fever
☐ Diabetes
☐ High Blood Pressure
☐ Stroke (date) ______________
☐ Corticosteroid Use (cortisone, prednisone, etc.)
☐ Taking Birth Control Pills
☐ Dizziness/Fainting
☐ Numbness in Groin/Buttocks
☐ Cancer/Tumor (explain) ______________
☐ Osteoporosis
☐ Epilepsy/Seizures
☐ Other Health Problems (explain) ______________

☐ Prostate Problems
☐ Menstrual Problems
☐ Urinary Problems
☐ Currently Pregnant, # weeks ______________
☐ Abnormal Weight ☐ Gain ☐ Loss
☐ Marked Morning Pain/Stiffness
☐ Pain Unrelieved by Position or Rest
☐ Pain at Night
☐ Visual Disturbances
☐ Surgeries ______________
☐ Medications ______________

Family History: ☐ Cancer ☐ Diabetes ☐ High Blood Pressure
☐ Heart Problems/Stroke ☐ Rheumatoid Arthritis

I certify to the best of my knowledge, the above information is complete and accurate. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services rendered and I agree to notify this doctor immediately whenever I have changes in my health condition or health plan coverage in the future. I understand that my chiropractor or a clinical peer employed by ASH Plans may need to contact my physician if my condition needs to be co-managed. Therefore, I give authorization to my chiropractor and/or ASH Plans to contact my physician, if necessary.

Patient Signature ______________________ **Date** ______________

CARSON CHIROPRACTIC/CARSON DOCTORS GROUP

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Carson Chiropractic is required by law to protect your health information for privacy and confidentiality. Please read it carefully. All doctors office are bound by HIPAA rules, hence this document.

We May disclose your health information regarding:

Treatment- to other healthcare professionals within our practice

Payment- to insurance companies regarding payment or health care operations.

Workers Compensation- to comply with State Workers' Compensation Laws

Emergencies- to notify or assist your family/responsible person in case of injury or death.

Public Health- to public authorities for purposes of preventing/controlling disease, child abuse, reactions to medicines, and reporting disease or infection, for example.

Judicial and Administration Proceedings-

Law Enforcement- to identify a fugitive, material witness or missing person subpoenas.

Deceased Persons- to coroners or medical examiners

Organ Donation- to organizations that procure, bank, or transplant organs and tissues

Research- to researchers for research approved by an Institutional Review Board.

Public Safety- to persons preventing imminent threat to the public's health or safety.

Specialized Government Agencies- to military, national security, prisoner and Gov. Benefits purposes.

Marketing- we may contact you for fundraising or marketing purposes.

Change of Ownership of this practice- to mergers or new owners

Your Health Information Rights- you may review your health info, request restrictions and disclosures, have alternative communication methods of your information, can amend your health information, receive full accounting of health info, and have a paper copy of this document after signature. Carson Chiropractic Corp can deny or not amend upon your request via a formal explanation.

Changes to this Notice of Privacy Practices- Carson Chiropractic/Doctors Group can amend this document. If you have questions regarding anything in this document you can contact the Office Manager at 562-439-0419 or make a personal appointment within 2 working days.

Complaints- address the Office Manager or make a personal appointment within 2 days.

Further complaints can be directed to DHHS, Office of Civil Rights, 200 Independence Ave, S.W., Room 509F HHH Bldg, Washington, DC 20201

I have read the Privacy Notice and understand my rights and authorize Carson Chiropractic to use and disclose my protected health care information for treatment, payment, and healthcare operations as described above.

Patient's Name (print)	Patient's Signature	cmw Officer Signature

A more thorough explanation of HIPAA is available in the lobby or from the staff. You have 48 hours to review it. If you understand and agree with both documents you need not reply.

HIPAA COMPLIANCE DOCUMENTS CARSON CHIROPRACTIC/DOCTORS GROUP FORM 2003