

ROCHET FAMILY CHIROPRACTIC

650 Royal Palm Beach Blvd Ste 7

Royal Palm Beach Florida 33411

561-795-3156

New Practice Member Information

Name _____ Date _____

Spouse's Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, Zip _____ Cell Phone _____

E-mail Address _____ Birthday _____

Family #1 _____

Family #2 _____ Reason for Today's Visit _____

X-Ray Authorization / X-Ray Refusal

I understand that:

- Dr. Rochet will be using the information he finds on the X-Rays of my spine to develop a **Chiropractic care program** for my specific situation.
- this X-Ray examination may NOT be directly associated with where I currently experience symptoms.
- the taking of X-Rays carries risk (radiation), albeit minimal, and ALL X-Rays are taken at the Dr.'s discretion.
- I MUST schedule, **within 7 days** after my initial visit, my X-Ray report of findings / doctor's report, where I will receive explanation of my X-Ray findings, education as to the Chiropractic cause of my current condition, and recommendations for future Chiropractic Care.

REFUSAL: I elect to receive chiropractic care without spinal X-Ray examination. _____

Females: By your initials, you attest, to your best knowledge, you are NOT pregnant. _____

Signature (Parent/Guardian for Minor)

Date

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TERMS OF ACCEPTANCE

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

Principled Chiropractic care 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 / Correction: A Principled Chiropractic Adjustment, or correction, is the specific application of forces to facilitate the body’s correction of a vertebral subluxation. Our method of correction is by specific adjustments to the spine, with specific attention paid to the upper cervical area.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease, symptoms 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 a vertebral subluxation. However, if during the course of a 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 adjustments to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.

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)

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OUR PURPOSE

A STATEMENT OF CLINICAL OBJECTIVE

We want to clearly define our approach to Chiropractic, and to healing. The following concepts are central to the way in which we practice Chiropractic. We present these ideas so that OUR Chiropractic purpose is in alignment with YOURS.

- There IS intelligence, an Innate Intelligence, within us that not only keeps us alive, but also repairs, heals, animates and empowers us.
- When the Nervous System is altered in *FUNCTION*, because of tension in the spine, this causes the Innate Intelligence to be blocked and inhibited from *FLOWING* freely.
- Vertebral subluxations interfere with the proper functioning of the Nervous System.
- The sole purpose of the Chiropractic Adjustment in this office is to release the Vertebral Subluxation, allowing the Nervous System to more effectively coordinate and create health within the body.
- **Everyone** can benefit from a Nervous System which is FREE of Vertebral Subluxations.
- Symptoms are **NOT** a sign of illness, but are manifestations of interference to the Nervous System and are used to alert the individual to the need for change.
- We **DO NOT** name or treat symptoms or conditions. Diagnosis is a MEDICAL act. Treatment is a MEDICAL act. We do not imply that getting adjusted will have a direct effect on any symptom or condition.
- The intent of ALL forms of treatment is to **confuse** and **interfere** with the NORMAL function of the Nervous System. Drugs such as pain killers, muscle relaxers, anti – inflammatory compounds and mood altering medications, fall into this category. These are often incompatible with maximizing the benefits of your Chiropractic care plan. Together we must determine if this is consistent with your desire for wellness at this particular point in time.
- In this office, we locate and adjust Vertebral Subluxations in order to maximize each individual's expression of Life and Health.
- In this office, we accept all cases regardless of condition or ability to pay.

SIGNATURE

DATE

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1. What are your goals of our care?
2. How committed are you to getting well?
3. On a scale of 0-10, rate your health (0 being the worse, 10 being the best).
4. On a scale of 0-10, rate your satisfaction with your past health care (0 being the worse, 10 being the best).
5. What is your definition of health?

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Health Insurance Authorization and Verification

Policy Holder's Name

Patient's Name (if different)

Date of Birth of Insured

Insurance Company

Policy Number

Group Number

Claim Telephone # on Card

Instructions

The purpose of this form is to expedite your initial application process with Rochet Family Chiropractic Clinic. This may may be submitted in two ways:

- 1- You may fill out the form online, and then press the Submit button. This method will e-mail the office manager (who is responsible for verification of your health insurance information) your completed form directly. Thus, your financial obligation utilizing your health insurance carrier will be prepared prior to your first visit.
- 2 - You may fill out this form online, then press the Print button. This method will print your completed form. You will need to bring this completed form with you to your first appointment. In both instances, **you are REQUIRED to bring your insurance identification card, as well as a PHOTO ID (current and active driver's license or passport), to your first appointment.** Failure to bring **ALL** required identification, will result in the delay or inability to process verification of your health care information.

Submit by Email