

Welcome to Mind & Body Chiropractic Life Center!

The Office of Dr. Vernon Kuznia

When a person seeks the services of a chiropractor, it is essential that they fully understand the mission and objective of that particular chiropractor.

The mission of this office:

- To provide chiropractic care that everyone can afford to use and benefit from on a consistent and ongoing basis.

The sole objective of each visit:

- To locate and correct vertebral subluxations.

Vertebral subluxations are misalignments of the spine that interfere with the function of the spinal cord and nerves. This interference reduces your body's ability to do everything including, but not limited to, healing itself.

Consequently:

- It is not the objective or intention of Mind & Body Chiropractic Life Center to provide medical services: to fix, treat or attempt to cure any specific symptoms or to give advice about any ailments.

It is the firm belief of this office that a chiropractic adjustment to correct a vertebral subluxation is in and of itself an invaluable and unique service that only chiropractors can provide.

Simply stated:

- Improved spinal alignment from a chiropractic adjustment is always good because it reduces interference in the nervous system.

Chiropractic care is not a cure for anything, but it does lay down the foundation necessary for the body to be able to reach its potential.

The information asked for and received from you is important and is only that which is necessary for your care here at Mind & Body Chiropractic Life Center. Please fill out the forms completely and to the best of your ability. If you have any questions or if there is any other information you feel should be known, please mention it to the chiropractor.

I (we), _____, have read the above, understand it fully, and choose to receive chiropractic for ourselves and our family members (listed below) on this basis.

Initial Here

Date

Family Members: _____

Mind & Body Chiropractic Life Center

Please print clearly and fill in completely.

About You

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home phone: _____ Cell: _____

Date of birth: _____ Referred by: _____

Personal & Family History

Your Occupation: _____ Work duties: _____

Name of spouse: _____

Number of children, Names and ages: _____

Hobbies & Interests (What you do for fun?): _____

Chiropractic History

Have you ever been to a chiropractor before? ___Yes ___No

If yes, who and when? _____

Are other family members under chiropractic care? ___Yes ___No

Health History

Have you been seen by a medical doctor for any reason in the last year? ____Yes ____No

If yes, explain: _____

What is your reason for coming in today? _____

If you have no specific problem but are here to have your spine checked for subluxation, check here _____

Have you had any surgeries, falls, accidents or injuries? If yes, please list what and when: _____

List any complications during or after your own birth. Include forceps delivery, Caesarean, etc. _____

Thank you again for choosing Mind & Body Chiropractic Life Center. You can be assured that you will be provided with optimum chiropractic service and recommendations in the most professional and honest manner. Please fill out just a little more basic information about yourself paying special attention to the section "Reason For Consulting This Office."

How would you rate your (circle):

Diet	Poor	Good	Excellent
Rest	Poor	Good	Excellent
Exercise	Poor	Good	Excellent

Your last visit to a chiropractor was (circle one):

Never 3 months ago or more Less than 3 months ago

On a scale of 1 to 10 (with 10 as the highest) what number best describes your occupational/personal life stress? _____

What do you regularly do (or plan to do) to improve your life and health? _____

REASON FOR CONSULTING THIS OFFICE (Please check one of the following three reasons.)

- I have no special problem; I understand the role of chiropractic in my general well-being.
- I have a symptom of a physical problem and I want to see if chiropractic will enable my body to work better. I am also interested in learning about the role of chiropractic in improving my expression of life and that of my family.
- I have a symptom and I am only interested in relief from it.

Dr. Vernon Kuznia has been trained extensively in the chiropractic profession and should not be confused with being a medical physician. The goal in this practice is to enhance the function and integrity of your nerve system, not to diagnose, treat, or cure physical, mental, or emotional ailments. We witness "miracles" every day, but it is important to understand that if you become concerned about symptoms or medical conditions, we suggest that you seek the help of a symptom and disease care professional.

I, the undersigned, have completely read and understand the above statement and choose to be served at the Office of Dr. Vernon Kuznia

Signature

Date

Notice of Privacy Practices

Mind & Body Chiropractic Life Center is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of your legal duties and privacy practices with respect to your protected health information.

There are certain times that we will disclose your healthcare information. These times include: for purposes of treatment, payment, public health, marketing (includes reminder phone calls and missed appointment phone calls), and change of ownership.

Your Rights:

1. You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Mind & Body Chiropractic Life Center is not required to agree to the restriction that you requested.
2. You have the right to your health information received or communicated through an alternative method or sent to an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that your health information be amended. However, Mind & Body Chiropractic Life Center is not required to agree to the amendment. If your request has been denied an explanation will be provided along with measures as to how to disagree with your denial.
5. You have a right to receive an accounting of disclosures of your protected health information.
6. You have a right to a paper copy of this Notice at any time upon request.

Any changes made to this notice must be presented to you. Our privacy officer is Dr. Vernon Kuznia and complaints and concerns can be presented to him at 651-600-3521. This paper is a modified version of our HIPAA policies. A full copy can be obtained upon request and is always displayed at the front desk.

I have read, understand, and agree to the HIPAA policies at Mind & Body Chiropractic Life Center.

Patient Signature

Date

Witness

I am opting not to sign this agreement for the following reason(s):

Patient Signature

Date

Witness