



# **WELCOME TO KB CHIROPRACTIC**

**Prepared Exclusively For:**

**“The Doctor of  
the future will  
give no  
medicine but  
will interest  
his patients in  
the care of the  
human frame,  
in diet and the  
cause and  
prevention  
of disease.”**

○ ***Thomas Edison***

**INNATE  
EMPOWERMENT  
DR. KERI BUNBURY**

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Kingston, NY 12401

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[www.kbchiropractic.com](http://www.kbchiropractic.com)

# MEET THE DOCTOR

## DR. KERI BUNBURY



### EDUCATION:

- Palmer College of Chiropractic – Doctorate
- Columbia University – BS Pre-Medicine
- Columbia-Greene College – AS Exercise Physiology

### LICENSURE:

- Nationally and NY State Certified Doctor of Chiropractic
- Carpel Tunnel Syndrome and Cumulative Trauma Disorders
- Certified Athletic Trainer by the International Sports and Science Association
  - Certified Rock-Doc-Kinesiology PMT FMT 1&2
- Works with Everyone from Olympic to Student Athletes on Performance Enhancement
  - Certified Sports Physician

**FACT:** Chiropractic College has more hours of classroom education than medical college (4,800 hours VS 4,667 hours.) Chiropractic students on average receive 200 more hours in anatomy and 60 hours more of physiology than medical students!

# KIDS:

## Benefits of Chiropractic Care on Children:

1. To promote proper growth and development
2. To allow a child's nervous system and spine to grow optimally and without interference
3. To improve a child's immune system and digestive health
4. To improve a child's sleeping patterns.
5. To limit colic and constipation



# Pregnancy:

## Benefits to Chiropractic Care While Pregnant:

1. Maintaining a Healthier Pregnancy
2. Controlling Symptoms of Nausea
3. Reducing the Time of Labor and Delivery
4. Relieving Back, Neck and Joint Pain
5. Preventing a Potential Cesarean Delivery

WELLNESS AROUND THE WORLD WITH  
**CHIROPRACTIC**



# INNATE INTELLIGENCE:

Innate intelligence is the inborn wisdom of the body, or the intelligence that allows your body to constantly adapt to our ever-changing environments. This intelligence knows how to digest your food after you've eaten - without you having to think about it, heals the cut on your finger, beats your heart, or kicks your immune system into high-gear when it is being invaded by bacteria that you just inhaled, etc. This innate intelligence is everywhere in your body and is generated by your brain and communicated out to every muscle, gland, organ and cell in your body via the spinal nerves.

Chiropractors are the only doctors, as a profession, who recognize that the human body has this intelligence and work on and with the body so that it can fully express this intelligence to function as close to 100% as possible.

## HOW THE BODY WORKS:

Your nervous system is the master control system of your body and is made up of your brain, spinal cord, and spinal nerves. Your brain is the power source and control center of every function in your body. Your brain sends 100% of your body's information and energy down your spinal cord first. Your spine is protected by 24 moveable vertebrae and the spinal nerves exit between each vertebrae and go out to deliver the messages sent from the brain to each muscle, gland, organ, and cell in your body. If there is no interference to your brain, spinal cord and spinal nerves, your body can function at its optimum level.

## HOW CHIROPRACTIC WORKS:

Chiropractic is the only healing profession in the world that recognizes that your body has the ability to function at its optimum level, if there is no interference to the master system, the nervous system. As a chiropractor, it is my job to locate, analyze and remove any interference to the nervous system.

These blockages or misalignments are called *vertebral subluxations*. When a spinal nerve is being choked because of a vertebral subluxation, the muscle, organ, or gland that it is attached to can only receive 40% of the information that the brain is trying to send to it.

## SYMPTOMS:

Most people judge their health on symptoms. Unfortunately, symptoms are the last sign your body gives you to tell you that something is wrong. Therefore, waiting for symptoms to appear is the worst way to take care of yourself. Chiropractic care allows your body to function at its highest level and can prevent problems from developing in the first place.

**"A body that is free of nerve interference has more power to heal, think, and metabolize 90% of the stimulation and nutrition to the brain is generated by movement of the spine." -Dr. Roger**

## **WHAT WE DON'T DO:**

As a Chiropractor, it is not my job to treat your symptoms or relieve them. That is what medicine is for. My job is to find and correct the exact spinal/ health problem that is causing your symptoms. Once I do, I can correct the problem, much like orthodontic braces do for crooked teeth. Like braces, spinal correction and healing takes time!

## **WHAT YOU CAN EXPECT FROM US:**

By choosing our office, you can expect to receive the highest level of professional care, service, respect, and attention. We want to create an extremely warm “family like” environment. We welcome you to our family!

If you are interested in correcting your spinal/health problem, you will receive a detailed Chiropractic Corrective Care Plan that will describe for you in detail the exact course of care needed to correct your spinal/health problem. Your first two visits give us the necessary information needed to assess the severity of your spinal/ health problem. By reviewing your orthopedic, neurologic, and spinal examination findings, x-rays, personal history, and first adjustment results, we will be able to determine exactly what you will need. You will never be “in the dark” about any aspect of your care or our relationship.

## **YOUR FIRST ADJUSTMENT:**

### **FIRST 72 HOURS:**

There is a good chance that you will feel a little stiff after your first few adjustments. Your muscles, ligaments, tendons, and joints are used to being in a different position and suddenly, they have been moved slightly. This is normal! Once your spine and soft tissue start getting accustomed to the new, corrected position, the stiffness will go away (most of the time.)

**ACTIVITY:** At first take it easy and try to avoid any straining. Feel free to ask about exercises and any strenuous activity, but for the first couple of weeks, just relax.

**ICE PACKS:** Rather than taking medication, use ice to reduce inflammation. Use on the affected area for about 20 minutes every hour. This should help, not hurt.

**SMOKING:** Remember smoking reduces capillary blood flow. We advise you not to smoke at all or to start to cut down to accelerate the healing process.

**ALCOHOL:** Alcohol dilates the blood vessels and could increase swelling.

## **YOUR APPOINTMENT SCHEDULE:**

It is very important that you follow the schedule of appointments we establish for you. Your Corrective Care Plan is designed to correct the CAUSE of your problem and not just RELIEVE your symptoms. If you can't make your appointment, please reschedule for your missed appointment.



## COMBINING FOODS:

**Certain foods don't digest well together. Use the following rule for food consumption.**

Proteins require acidic gastric juices when starches require basic PH levels. Therefore starches (breads, pastas and potatoes) and proteins should be eaten at separate meals. You should decide whether your meal is a protein or starch meal and then combine with a vegetable.

### MORNING:

Fresh Fruit | Fresh Vegetables | Nuts | Oatmeal | Fresh Juices | Legume

### AFTERNOON:

Garlic | Onions | Salad | Fruit Salad | No Bread | Little Dairy | No Additives

# STOP OVEREATING

### SNACKING:

Nuts | Pretzels | Seeds | Raisins | Natural Desserts | Dry Cereal

### RULES:

- Eat small meals throughout the day (about 6), unless you are doing intermittent fasting
- Eat slowly and chew your food well
- Only eat when you're hungry
- Eat dairy, saturated fats, and foods high in cholesterol sparingly, unless using a specialized diet
- Limit the amount of canned or processed foods





## Vitamin B Complex

Thiamine | Riboflavin | Niacin | Pantothenic Acid | Pyridoxine | Biotin | Folic Acid | Cobalamin

Vitamin B Helps prevent infections and helps support or promote:

- \* Growth of Red Blood Cells
- \* Energy Levels
- \* Hormones and Cholesterol Production
- \* Healthy Brain Function
- \* Good Digestion
- \* Proper Nerve Function
- \* Cardiovascular Health
- \* Muscle Tone

## VITAMIN C

Vitamin C, also known as ascorbic acid, is a water-soluble nutrient found in some foods. In the body, it acts as an antioxidant, helping to protect cells from the damage caused by free radicals. Free radicals are compounds formed when our bodies convert the food we eat into energy.

Vitamin C helps support or prevent:

- \* Strong Antioxidant
- \* Reduce High Blood Pressure
- \* Lowers Heart Disease Risks
- \* Prevents Iron Deficiencies

## CALCIUM

Calcium is a chemical element that is essential for living organisms, including humans. It is the most abundant mineral in the body and vital for good health. We need to consume a certain amount of calcium to build and maintain strong bones and healthy communication between the brain and other parts of the body.

Calcium helps support:

- \* Bone Health
- \* Muscle Contraction
- \* Blood Clotting
- \* Co-Factor for Enzymes

## POTASSIUM

Potassium is a mineral that's found in the foods you eat. It is also an electrolyte. Electrolytes conduct electrical impulses throughout the body.

Potassium assists essential body functions such as:

- \* Blood Pressure
- \* Nerve Impulses
- \* Muscle Contractions
- \* Digestion
- \* Heart Rhythm
- \* PH Balance

Potassium isn't produced naturally by the body, so it's important to consume the right balance of potassium-rich foods and beverages.

- \* Whole Grains
- \* Nuts
- \* Lean Meats
- \* Vegetables
- \* Beans
- \* Fruits

## MAGNESIUM

Magnesium is a mineral that's crucial to the body's function. Magnesium helps keep blood pressure normal, bones strong, and the heart rhythm steady.

Experts say that many people in the U.S. aren't eating enough foods with magnesium. Adults who consume less than the recommended amount of magnesium are more likely to have elevated inflammation markers. Inflammation, in turn, has been associated with major health conditions such as heart disease, diabetes, and certain cancers. Also, low magnesium appears to be a risk factor for osteoporosis. There's some evidence that eating foods high in magnesium and other minerals can help prevent high blood pressure in people with prehypertension.

Intravenous or injected magnesium is used to treat other conditions, such as eclampsia during pregnancy and severe asthma attacks. Magnesium is also the main ingredient in many antacids and laxatives.



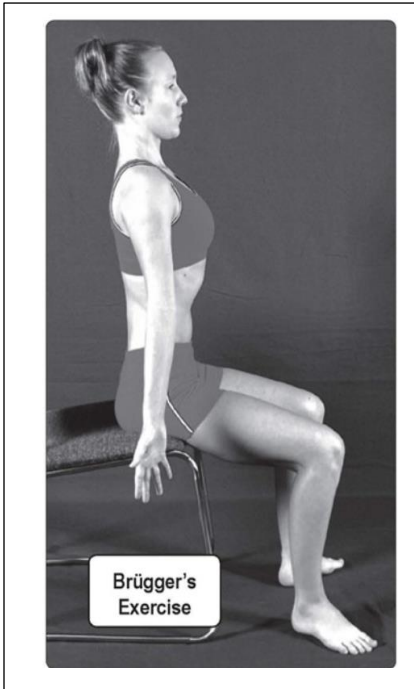
### FOODS THAT ARE HIGH IN MAGNESIUM



Dark Chocolate | Avocados | Nuts | Legumes | Tofu | Seeds |  
Whole Grains | Fatty Fish | Bananas | Leafy Greens



# STRETCH AT YOUR DESK



1. Patients perform exercises once or twice for ever 20-30 minutes of prolonged sitting; position held for 30-60 seconds
2. While sitting at the chair the patient pushes away from their desk and
  - Sits at the edge of their chair with their feet slightly farther apart than their hips and turns their feet out slightly
  - Tuck chin in slightly and breathe through the abdomen
  - Slowly exhale actively by blowing the breath out through their lips while rotating their arms laterally and spread fingers
  - Lift sternum slightly and pull shoulders back
  - This movement can also include the lower body prior to sitting by having the patient contracting gluteal muscles together and stabilizing core muscle as they move into seated position
  - Some clinicians describe it as if there are strings pulling the patients neck up, shoulders back and sternum forward

## MYOFASCIAL

Myofascial pain is pain in the muscles. When you break down the word, “myo” means muscle and “fascia” refers to the connective tissue that is interwoven throughout the body. The pain originates in specific trigger points that are in the muscles and fascia at various areas of the body. The pain can range in intensity from mild and annoying to severe and debilitating.

Chiropractic care is often a preferred treatment for myofascial pain due to its effectiveness and drug free approach. Patients who undergo treatment will usually experience a dramatic decrease in their pain level or it will be eliminated altogether. Patients also enjoy increased strength, flexibility, and range of motion. With continued chiropractic care, patients find that they have more endurance for work and recreational activities and even sleep better. Overall, chiropractic can give patients with myofascial pain a better quality of life with decreased incidence of injury. They are often able to lower their pain medication or eliminate it altogether.

**ASK US ABOUT HOW WE USE ROCKTAPE TO HELP TREAT MYOFASCIAL PAIN!**

RockTape is kinesiology tape. It can be used to treat sports and non-sport injuries. RockTape microscopically lifts the skin away from the muscle and fascia below, creating a decompressive effect. More specifically it runs interference on pain and painful signals which are directed to the brain.

**FOAM ROLLING ALSO HELPS WITH MYOFASCIAL RELEASE**

# OUR PRODUCTS



AdvoCare is a combined supplement and nutrition program made to give your body the help it needs to make goals more easily attainable. AdvoCare provides for everyone by making several different lines of products such as; weight management, energy, wellness, and overall body composition.

## 24 DAY CHALLENGE

- **CLEANSE PHASE:** (days 1-10) In order to maintain a healthy body, nutrients such as carbohydrates, proteins, fats, vitamins and minerals must be properly absorbed. The combination of the AdvoCare products, a healthy diet and exercise, will help to get rid of waste, and help your body to absorb these nutrients. This is done without drastically reducing calories, or consuming only liquids to easily adapt to a healthier lifestyle.
- **MAX PHASE:** (days 11-24) This phase is about fueling your body to achieve maximum result. The AdvoCare products in this phase work together to provide you with sustained energy, appetite control, core nutrition, and overall wellness.



**FOR MORE INFORMATION VISIT [WWW.ADVOCARE.COM](http://WWW.ADVOCARE.COM) OR ASK DR. KERI**

**WE ALSO SELL:**

**BIOFREEZE | TENS UNITS | PILLOWS | ICEPACKS | ROCKSAUCE**

# PAYMENT POLICY

Our policy is to accept cases based on our ability to correct your spinal/health problem, and your commitment to want to correct it. *We do not base your care on your financial position or what your insurance company will pay.* There is always a solution, we are a team!

We do not participate in many of the HMO'S and PPO'S because they are restrictive and do not allow their patients to receive the care they need. We do not treat insurance companies we treat people.

We run a zero-balance clinic. This means that payment is expected when services are rendered. Patients are also responsible for providing updated insurance cards and ID numbers when they receive them.

## **INSURANCES WE ACCEPT:**

Empire BCBS | BCBS of North Eastern New York | CDPHP | Medicare |  
American Specialty Health | Landmark | Magnacare | Pomco | No fault |  
Personal Injury | United Health Care (as a secondary) | AARP (as a secondary)  
Intermittent

## **INSURANCES WE DO NOT ACCEPT:**

Workers Compensation | NYSHIP | Medicaid | Fidelis | Cigna

# KB CHIROPRACTIC CENTER

DR. KERI BUNBURY

## CHILD HEALTH HISTORY

It is our pleasure to welcome you to our family of happy and healthy chiropractic patients. Please let us know if there is any way we can make you and your family more comfortable. To help us serve you better, please complete the following packet. We look forward to working with you.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Previous Chiropractor/ last visit: \_\_\_\_\_

Primary Care Physician/ last visit: \_\_\_\_\_

**Check any of the following conditions your child has suffered from:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ear Infections     | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Headaches        |
| <input type="checkbox"/> Asthma/ Allergies  | <input type="checkbox"/> ADHD            | <input type="checkbox"/> Growing pains    |
| <input type="checkbox"/> Colic              | <input type="checkbox"/> Car accident    | <input type="checkbox"/> Back pain        |
| <input type="checkbox"/> Scoliosis          | <input type="checkbox"/> Chronic colds   | <input type="checkbox"/> Recurring fevers |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Constipation    | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Bed Wetting        | <input type="checkbox"/> Temper tantrums | _____                                     |

If your child has been involved in a car accident, please provide details:

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Has your child ever been seen on an emergency basis? \_\_\_\_\_ If, yes  
please provide details: \_\_\_\_\_

Prior Surgeries \_\_\_\_\_

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According to the US National Safety Council, approximately 50% of children fall headfirst from a high place during their first year of life (i.e. from a bed, changing table, down stairs, etc.) Was this the case for your child? If yes, please provide details \_\_\_\_\_

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Is/ has your child been involved in any high impact or contact sports? (i.e. football, soccer, gymnastics, martial arts, cheerleading, etc.) If yes, please provide details \_\_\_\_\_

Other Traumas not listed above? \_\_\_\_\_

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How many doses of antibiotics your child has taken:

Last six months \_\_\_\_\_ Total during lifetime \_\_\_\_\_

Prescription medications your child has taken \_\_\_\_\_

Vaccination History \_\_\_\_\_

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At what age was your child able to do the following:

_____ respond to sound	_____ cross crawl
_____ respond to stimuli	_____ stand independently
_____ hold their head up	_____ walk independently
_____ sit up	

Menerche ( ) no ( ) yes- what age? \_\_\_\_\_

Childhood Diseases:

*Chicken Pox* Y/N age \_\_\_\_\_

*Mumps* Y/N age \_\_\_\_\_

*Rubella* Y/N age \_\_\_\_\_

*Whooping Cough* Y/N age \_\_\_\_\_

*Rubeola* Y/N age \_\_\_\_\_

*Other* Y/N age \_\_\_\_\_

Has your child been diagnosed as having a Congenital Hip Dislocation (clicky hips)? ( ) No ( ) Yes

Are there any pets in the home? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Number of hours of sleep per night \_\_\_\_\_

Quality of sleep: GOOD FAIR POOR

Positions your child does not like to sleep in \_\_\_\_\_

(back, side, stomach)



## **PRE NATAL HISTORY**

Name of Obstetrician/ Midwife \_\_\_\_\_

Complications during pregnancy ( ) No ( ) Yes- give details \_\_\_\_\_

\_\_\_\_\_

Ultrasounds during pregnancy? \_\_\_\_ How many/what months? \_\_\_\_\_

Cigarette, Drug, or Alcohol use during pregnancy? ( ) No ( ) Yes \_\_\_\_\_

\_\_\_\_\_

Medications during pregnancy/ delivery? ( ) No ( ) Yes \_\_\_\_\_

\_\_\_\_\_

Location of birth \_\_\_\_\_

( ) Hospital ( ) Home ( ) Birthing Center

## **BIRTH HISTORY**

( ) Forceps ( ) Vacuum Extractions ( ) Normal Vaginal ( ) Breech

( ) Caesarian section- emergency or planned?

Complications during delivery? No/ Yes List \_\_\_\_\_

\_\_\_\_\_

Genetic disorders or disabilities? No/Yes List \_\_\_\_\_

\_\_\_\_\_

Birth Weight \_\_\_\_\_ Birth Length \_\_\_\_\_ APGAR \_\_\_\_\_

## **FEEDING HISTORY**

Breast fed: ( ) Yes ( ) No    How long? \_\_\_\_\_

Has your child shown a preference to feeding on one side as opposed to the other? \_\_\_\_\_ Please give details \_\_\_\_\_

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Formula Fed: ( ) Yes ( ) No    How long? \_\_\_\_\_

Types/ Brands used? \_\_\_\_\_

At what age was your child introduced to cows milk? \_\_\_\_\_

At what age was your child introduced to solids? \_\_\_\_\_

Any food or juice intolerance or allergies? \_\_\_\_\_

Any other information you feel is important for us to know: \_\_\_\_\_

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Thank you for taking the time to fill out these forms. We are here to serve you and encourage you to ask questions.

Thank you for choosing KB Chiropractic for your family's chiropractic needs.

# Chiropractic Review of Systems (ROS)

Patient Name:

Date:

DOB:

Provider:

## General / Constitutional

Fatigue  
Fever / Chills  
Unexplained weight loss / gain  
Sleep disturbances  
General weakness

Comments:

## Musculoskeletal

Neck pain / stiffness  
Mid-back pain  
Low back pain  
Shoulder pain  
Arm / hand pain or numbness  
Hip pain  
Leg / foot pain or numbness  
Joint pain / stiffness / swelling  
Muscle aches / spasms / weakness  
Limited range of motion

Comments:

## Neurological

Headaches / migraines  
Dizziness / vertigo   Numbness /  
tingling  
Loss of balance / coordination  
Tremors  
Weakness

Comments:

Provider Notes:

Patient Signature:

Date:

KB Chiropractic  
40 Boulevard  
Kingston, NY 12401

## Innate Empowerment Corporation

Fee For Service Qualification

phone: 845.331.8010  
fax: 845.331.8961

### KB Chiropractic Office Policies

1. Our fees for service are the same for all patients, whether or not they are covered by insurance, except in the case of a hardship.
2. All payments are expected at the time of service or by the last visit of each week. No patient balance may ever exceed \$150.00 at any given time.
3. Whether cash or insurance patient, it is your understanding that anything insurance does not cover becomes patient responsibility.
4. In the event that you discontinue care prior to the doctor's recommendation, you are responsible to pay in full any outstanding balances within 10 business days.
5. If you are unable to keep an appointment for any reason, we require that you provide us with at least 24 hours notice. Emergencies, of course, are an exception.
6. We require that you sign in at the front desk upon arrival at each visit as we attempt to honor all appointments at their scheduled times. If you arrive late or early, you may have to wait for the next available appointment time.
7. We reserve the right to charge \$25.00 for missed appointments without prior notification.
8. If you are seeking maximum health benefits from chiropractic care in our office, we recommend that you follow the doctor's treatment plan.

We request that you sign this form as verification that you have read, understand and agree to comply with this policy.

Fee For Service Patients : I understand that ultimately I am financially responsible for the professional service rendered. I understand that I will receive a treatment plan that states the commitment required for the doctor to treat said condition(s). I also understand that this is a contract between KB Chiropractic and I; I have read the policies listed above and understand those policies.

Patient/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Patients : I understand that this office verified my insurance benefits as a courtesy to me and that it is not a guarantee of benefits. I also understand that the quoted information does not release me from any financial responsibility to this office and that I am responsible for denial of benefits.

Patient/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Innate Empowerment Corporation

KB Chiropractic  
40 Boulevard  
Kingston, NY 12401

phone: 845.331.8010  
fax: 845.331.8961

### Terms of Acceptance

When an individual or family seeks and is accepted for chiropractic care, it is essential for all parties involved to be working towards the same objective.

Chiropractic has only one goal. It is important that everyone understands both the objectives and the method that will be used to achieve it. This will prevent any confusion or disappointment.

Health: A dynamic state of wholeness in which your body can accurately perceive its constantly changing needs and respond appropriately in a timely manner. In short, Health is the ability to adapt to both internal and external stresses, whether they are physical, chemical or emotional.

Subluxation Process: A downward spiral in an individual's health and vitality as the result of a disruption in the normal flow of energy in the nerves between the brain and the cells of the body. This leads to a lack of health, or the inability of the body to adapt.

Chiropractic Adjustment Process: A program that employs the progressive and specific application of a gentle force to facilitate the body's correction of the subluxation process and restore its innate adaptive healing process so as to progressively bring about a state of health and wholeness.

We do not offer to diagnose or treat any disease or condition other than the subluxation process. However, if during the course of a chiropractic evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment of 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 full expression of your body's healing capabilities. Our only method is specific adjusting to correct the subluxation process.

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 understand the terms of acceptance and would like to participate as a patient in this office.

I therefore, accept chiropractic care on this basis from KB Chiropractic Center.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

- |                            |                            |  |                            |
|----------------------------|----------------------------|--|----------------------------|
| <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6             | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 Unbearable |                            |

**During the past 4 weeks, how much has pain interfered with your normal work (including both work outside the home and housework):**

- |                                     |                                       |                                     |                                      |
|-------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> A little bit | <input type="checkbox"/> Moderately | <input type="checkbox"/> Quite a bit |
| <input type="checkbox"/> Extremely  |                                       |                                     |                                      |

**During the past 4 weeks, how much of the time has your condition interfered with your social activities?**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> All of the time  | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> A little of the time |
| <input type="checkbox"/> None of the time |   |   |   |

**In general, would you say your overall health right now is....**

- |                                    |                                    |                               |                               |
|------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor      |                                    |                               |                               |

**Who have you seen for your symptoms:**

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> No one      | <input type="checkbox"/> Other Chiropractor | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Other _____ |   |   |   |

**What treatment did you receive for your symptoms?**

- |                                      |   |                                     |                                  |
|--------------------------------------|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Adjustments | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Medication | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Other _____ |   |                                     |                                  |

**When did you receive this treatment?**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> In the last month | <input type="checkbox"/> 2 – 3 months ago | <input type="checkbox"/> 3 – 6 months ago | <input type="checkbox"/> 6 months to 1 year ago |
| <input type="checkbox"/> 1 – 2 years ago   | <input type="checkbox"/> 2 – 5 years ago  | <input type="checkbox"/> 5 – 10 years ago |   |

**What tests have you had for your symptoms?**

- |                                 |                              |                                  |                                |
|---------------------------------|------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> X-rays | <input type="checkbox"/> MRI | <input type="checkbox"/> CT Scan | <input type="checkbox"/> Other |
|---------------------------------|------------------------------|----------------------------------|--------------------------------|

**When were these tests done?**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> In the last month | <input type="checkbox"/> 2 – 3 months ago | <input type="checkbox"/> 3 – 6 months ago | <input type="checkbox"/> 6 months to 1 year ago |
| <input type="checkbox"/> 1 - 2 years ago   | <input type="checkbox"/> 2 – 5 years ago  | <input type="checkbox"/> 5 – 10 years ago |   |

**Have you had similar symptoms in the past?**

- ☐ Yes      ☐ No

**If you have seen treatment in the past for the same or similar symptoms, who did you see?**

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> This Office | <input type="checkbox"/> Other Chiropractor | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Other _____ |   |   |   |

**What is your occupation?**

- |   |   |                                       |                                  |
|---|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Professional/Executive | <input type="checkbox"/> White Collar/Secretarial | <input type="checkbox"/> Tradesperson | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Homemaker              | <input type="checkbox"/> Full-time Student        | <input type="checkbox"/> Retired      | <input type="checkbox"/> Other   |

**If you are not retired, a homemaker or a student, what is your work status?**

- |                                    |                                      |  |                                     |
|------------------------------------|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time   | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Off work  | <input type="checkbox"/> Other _____ |  |                                     |

**Thank you. Please return to the front desk.**



So that the doctor may provide you with the highest quality of care, please list any medications/vitamins/or mineral supplements that you are currently taking. The doctor keeps this in consideration throughout your care and uses a professional opinion to let you know if she thinks you should be taking more or less dosage of a supplement.

Medication/Supplement	Dosage	Times/Daily

As a patient in our office, our primary goal is to help you reach a state of wellness and health. In order to do so, we ask for your permission to contact your primary care physician or another doctor if deemed necessary, to state the conditions in which we are treating you for. This is so they may know and incorporate your treatment into any diagnosis or treatment they provide to you. By involving your primary doctor in your care, we allow for comprehensive treatment and thus a higher level of wellness for you.

Primary Care Physician \_\_\_\_\_ Office Location \_\_\_\_\_

Other Preferred Doctor \_\_\_\_\_ Location \_\_\_\_\_

I, \_\_\_\_\_, authorize KB Chiropractic Center to correspond with the above-stated doctor(s) regarding my diagnosis, treatment, and health conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

