

STONE CHIROPRACTIC, LLC
NUTRITION INTAKE INFORMATION FORM

Please print clearly:

Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Home Phone (____) ____-____ Work Phone (____) ____-____

E-Mail Address: _____

Whom can we thank for referring you today? _____

Occupation _____ Employer _____

Date of Birth _____ Age ____ Sex: M/F Height ____ Weight ____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint _____

Other complaints or problems: (use separate sheet if needed) _____

Current medications/drugs being taken: (use separate sheet if needed) _____

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes _____ Coffee _____ Alcohol _____

STONE CHIROPRACTIC, LLC
NEW PATIENT INTAKE INFORMATION FORM

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approximate date: _____

Past Accidents or injuries: _____

Marital Status: S M D W Name of Spouse: _____

Describe health of spouse: _____ Number of children if any ____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____

Any family history of serious illnesses: Cancer / Diabetes / Heart / Thyroid Other _____

Any household pets or other animals you or family members are in close contact with:

What can we do to make you happier? _____

Signature: _____ Date: _____

I agree to receive recurring text messages for appointment reminders from Stone Chiropractic, LLC. I understand that I may opt out of this authorization at any time by replying STOP, or by calling the office to opt out. Message and data rates may apply.

Please Print and sign below to opt into Stone Chiropractic, LLC reminder text service.

Print Name: _____ *Mobile#:* _____

Signature: _____ *Date:* _____

Nutrition/Muscle Testing Disclosure

Nutrition Response Testing®, Cell Core Bioscience Testing, or other utilized muscle testing techniques are non-invasive systems of analyzing the body to assist a practitioner's assessment of underlying causes of ill health. These systems are considered a form of integrative, complementary, or alternative medicine and are used to provide information to a practitioner who is responsible for properly evaluating their client. Nutrition Response Testing® and Cell Core Bioscience Testing **are not intended to diagnose, treat, cure, or prevent any disease.**

These systems are an “adjunct” in order to further ANALYZE a patient’s body in order to assist Dr. Stone in determining possible UNDERLYING CAUSES which may be contributing to non-optimal health conditions.

When an UNDERLYING CAUSE of the problem is found, it is Not “TREATED.” Dr. Stone may be able to assist the patient in helping his/her body CORRECT THE CAUSE by supplying appropriate NUTRITIONAL SUPPORT and LIFESTYLE GUIDANCE to the patient in order to facilitate more normal (physiological) function.

Dr. Stone does Not PRESCRIBE. He does RECOMMEND and make available certain supplements, to educate the patient on how and when is the best way to take them, in order to help bring about a more healthful condition for the patient’s body.

Dr. Stone does Not DIAGNOSE or TREAT any INFECTIONS (or any other “disease”). He may be able to help the patient, who may be suffering from these by identifying possible ways to improve their physical condition and RECOMMEND appropriate food supplements and dietary guidelines to SUPPORT the body’s own healing processes.

Dr. Stone does Not DIAGNOSE or TREAT any HEAVY METAL OR CHEMICAL TOXICITY OR POISONING. He can help the patient who exhibits indications that they may be suffering from these to identify certain INTOLERANCES and RECOMMEND appropriate food supplements and dietary guidelines to SUPPORT the body’s own healing processes.

Dr. Stone does Not DIAGNOSE or TREAT any FOOD ALLERGIES. He can help the patient, who may be suffering from symptoms of these, such as by identifying FOOD INTOLERANCES and RECOMMEND appropriate food supplements and dietary guidelines to SUPPORT the body’s own healing processes.

Dr. Stone does Not DIAGNOSE or TREAT any MEDICAL CONDITIONS. He may be able to assist patients who may be suffering from these, by identifying possible underlying causes that are impeding normal physiological functioning and RECOMMEND appropriate food supplements and dietary and other lifestyle guidelines to SUPPORT the body’s own healing processes.

Patients who have MEDICALLY DIAGNOSED food allergies will be counseled that they SHOULD NOT EXPOSE THEMSELVES to these foods simply because they have received support for them using Nutritional Response Testing® and Cell Core Bioscience Testing without appropriate guidance from a medical professional.

Patients for whom a food sensitivity is found will be CAREFULLY COUNSELED about any recommended avoidance and ensure that such recommendations do not create avoidance syndromes or psychological stress reactions and that patients are ABLE TO SUSTAIN A PROPERLY BALANCED DIET.

Print Name _____ Signature _____ Date _____

Stone Chiropractic, LLC
51 Depot Street, Suite 504
Watertown, CT 06795
P: 860-274-5484 F: 860-274-4923

Notice of Privacy Practices Acknowledgement

I understand that under the Health Insurance Portability and Accountability Act (Hipaa), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change it Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

Patient name

Signature patient/legal guardian

Date

For Office Use Only

We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the Acknowledgment
- An emergency situation prevented us from obtaining Acknowledgment
- Other (Please Specify) _____

Staff signature

Date

Name: _____

Informed Consent

Every type of health care is associated with some risks of potential problems. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is a legal requirement in Connecticut.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a mechanical device or machine (drop table). Frequently adjustments create a “pop” or “click” sound/sensation in the area being treated.

In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, sEMG, physical therapy application, aqua-massage therapy, PEMF, exercise instruction, Wave vibration, cold low level laser, Energy Balance foot bath etc.

Neck Artery Dissection and Stroke: *Dissection* is when the lining of a neck artery breaks down. This might happen spontaneously or from an injury or from a trivial movement (hair shampooing, checking traffic, looking up, etc.). *Dissections* tend to cause neck pain and/or headache. Dissections may form a clot that can dislodge and interfere with brain blood flow. If that happens, it is called a *stroke*. *Stroke* means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with *stroke* or not. Recent evidence suggests that it is not (2008, 2015, 2016, 2019), although the same evidence often suggests that the patient may be entering the chiropractic office for neck pain/headaches or other symptoms that may in fact be a spontaneous *dissection* of a neck artery. There are ***no*** in-the-office tests to diagnose a spontaneous neck artery *dissection* (2020), but they might be detectable with advanced imaging (CT/MRI, etc.). If we think you may be suffering from a spontaneous neck artery *dissection* and/or associated *stroke*, you will be immediately referred to emergency services.

Anecdotal cases suggest that chiropractic adjustments may be associated with *dissection* and/or *stroke* that arise from the vertebral artery; this is because the vertebral artery is located inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called the “extension-rotation-thrust atlas adjustment.” We do not do this type adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this type of complication ranges between 1 per every 400,000-10,000,000 neck adjustments (2004). A large 10-year study estimated an incidence of 1 per 5.85 million neck adjustments, equivalent to 1,430 years if clinical practice (2001). If you experience any of the “5 Ds And 3 Ns” (on a following separate page) before, during or after an adjustment, tell us immediately, and if we can’t be reached, go to the emergency department immediately. Also, please read, fill out, and sign **Stroke Risk Factors**.

Three other potential problems that are *not* quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury, spinal dural leak of cerebral spinal fluid, and bleeding in the coverings around the spinal column (dural hematoma).

Disc Herniations: Both neck and back disc herniations may create pressure on the spinal nerve or on the spinal cord. They are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. Occasionally chiropractic treatment (adjustments, traction, etc.) may aggravate a disc/nerve problem and rarely surgery may become necessary for correction.

Cauda Equina Syndrome: Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, or leaky bowels, or loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability to start/stop urination or to start/stop a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently die, and those functions may be lost or compromised forever. The standard

approach is to surgically decompress the nerves, and the window to do so may be as short as 12-72 hours, depending. If you have any of these symptoms, tell us immediately, and if we can't be reached, go to the emergency department immediately.

Soft Tissue Injury: Soft tissues primarily refer to muscles and ligaments. Rarely, chiropractic care may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long-term effects for the patient.

Rib and other Fractures: Rarely a chiropractic adjustment may crack a rib bone, and this is referred to as a fracture. We adjust all patients very carefully, and especially those who have known osteoporosis. Other fracture locations are extremely rare but possible, especially in those aged over 65 years and/or on steroid drugs.

Physical Therapy Burns: Some of the machines we use generate heat. We also use both heat and cold pack and recommend them for home care on occasion. Everyone's skin has different sensitivity to these modalities, and rarely, both heat or ice can burn or irritate the skin. The result is a temporary increase in pain, and there may even be some blistering of the skin. Never put an ice pack directly on the skin, always have an insulating towel between. We use cold (low-level) laser therapy which produces no heat and cannot result in burn.

Acupuncture: The risk of acupuncture are low. Common side effects include soreness and minor bleeding or bruising where the needles were inserted. Single use, disposable needles are now the practice standard, so the risk of infection is low. Please inform the Doctor if you have a bleeding disorder, have a pacemaker or if you are pregnant.

Soreness: It is common for chiropractic care to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

Other Problems: There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and, therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you for additional diagnostics or to another provider whom we feel will assist your situation.

Alternatives to chiropractic care include: do nothing, drugs, surgery, acupuncture, massage, etc. Risks from these procedures should be discussed with that particular provider.

If you have any questions on the above, please ask your doctor. When you have a full understanding, please sign and date below.

Patient's Name Printed

Today's Date

Patient's Signature

Parent or Guardian Signature For Minor

Doctor's Signature Verifying Discussion

Date

Non-Chiropractic (Adjustment/Manipulation) Factors and Vascular Events

High Blood Pressure (Hypertension)

The higher one's blood pressure the higher the internal pressure in the vascular system. Please let your chiropractor know if you have high blood pressure (hypertension).

What is typical blood pressure for you? _____

Are you currently taking blood pressure medication? _____

Genetic Collagen Disease

Genetic collagen diseases weaken the strength of blood vessels, increasing vascular event occurrences. A partial list of these diseases includes:

- Ehlers-Danlos syndrome
- Loeys-Dietz Syndrome
- Osteogenesis Imperfecta
- Fibromuscular Dysplasia
- Marfan syndrome
- Polycystic Kidney Disease

Do you have any of these collagen diseases? YES ___ NO ___

Do you have any other collagen disease? YES ___ NO ___

If so, please list: _____

Birth Control Pills

Are you presently taking birth control pills? YES ___ NO ___

- If yes, how long have you been taking birth control pills? _____

Have you taken birth control pills in the past? YES ___ NO ___

- If yes, how long did you take birth control pills? _____
- When did you stop taking birth control pills? _____

Smoking: Tobacco and/or Marijuana

Do you currently smoke tobacco? YES ___ NO ___

- If YES, how much do you smoke in a typical *day*? _____

Have you smoked tobacco in the past? YES ___ NO ___

- If YES, when did you stop smoking tobacco? _____

Do you currently smoke marijuana? YES ___ NO ___

Alcohol

Alcohol consumption increases the risk of vascular events (heart attacks and strokes) in a linear manner (the more the consumption the higher the risk).

Please estimate your weekly drinks of alcohol: _____

Fluoroquinolone Antibiotics

Fluoroquinolone Antibiotics are very commonly prescribed and are known to weaken the strength of the vascular (blood vessel) wall, increasing the incidence of vascular events.

Fluoroquinolone Antibiotics include but are not limited to:

- Ciprofloxacin (Cipro, Proquin XR)
- Levofloxacin (Levaquin and Quixin)
- Delafloxacin (Baxdela)
- Moxifloxacin (Avelox)
- Gatifloxacin (Tequin)
- Norfloxacin (Noroxin)
- Gemifloxacin (Factive)
- Ofloxacin (Floxin, Ocuflox, Floxacin)

Are you currently taking any of these antibiotics? YES___ NO___

Have you recently taken any of these antibiotics? YES___ NO___

- If YES, when did you stop taking them? _____

Homocysteine

Homocysteine is an amino acid that is *not* involved in protein synthesis. Elevated levels of homocysteine are strongly associated with an increased risk of vascular events (heart attacks and strokes). Homocysteine levels are measured in blood. Studies support:

- Total homocysteine levels <6 μ mol/L, is optimal.
- Total homocysteine levels between 6 μ mol/L - 9 μ mol/L is acceptable.
- Total homocysteine levels above 10 μ mol/L are too high.
- >10.2 μ mol/L are associated with doubling of vascular risks.
- >20 μ mol/L are associated with an 8-9 -fold increase in vascular risks.

- For every 5 μ mol/L rises in homocysteine levels, there is a 32% increased risk of ischemic heart disease and a 59% increased risk of stroke.

Homocysteine levels are controlled (reduced) by vitamins B2 (riboflavin), B6 (pyridoxine), B9 (folate), and B12 (cobalamin).

Have you had your homocysteine levels tested? YES___ NO___

- If YES, when and please provide value: _____

- If NO, please have your PCP measure your homocysteine and provide us results.

Do you take B vitamins or a multivitamin supplement? YES___ NO___

Methylenetetrahydrofolate Reductase (MTHFR) Gene

A known mutation in the MTHFR gene increases homocysteine levels and hence the risks of vascular events (heart attacks and strokes).

Do you have the MTHFR mutation? YES___ NO___ UNKNOWN___

Patient's Signature

Today's Date

Stone Chiropractic, LLC
51 Depot Street, Suite 504 Watertown, CT 06795

**PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF
NUTRITION RESPONSE TESTING®**

PLEASE READ BEFORE SIGNING:

I specifically authorize the natural health practitioners at Stone Chiropractic, LLC to perform a Nutrition Response Testing® health analysis and to develop a natural, complementary health improvement program for me. This program, which may include dietary guidelines and nutritional supplements, will be designed to assist me in improving my health, **and not for treatment, diagnose or ‘cure’ of any disease.**

I understand **that Nutrition Response Testing® is a safe, non-invasive, natural method** of analyzing the body’s physical and nutritional needs, and the deficiencies or imbalances in these areas could cause or contribute to various health problems.

I understand that Nutrition Response Testing® is not a method for ‘diagnosing’ or ‘treating’ any disease, including conditions such as cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Nutrition Response Testing® or any natural health or nutritional programs recommended. I further understand that Nutrition response Testing® is a means by which the body’s natural reflexes can be used as an aid to determine possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

This permission form applies to subsequent visit and conditions.

Date: _____

Print Name: _____

Address: _____

City: _____ State _____ Zip _____

Signature: _____

(If minor, signature of parent or guardian required)

Witness: _____