CONFIDENTIAL HEALTH INFORMATION

Graber Chiropractic Center
David I. Graber, DC, DACBSP
140 Littleton Road
Parsippany, NJ 07054

Please allow our staff to photocopy your driver's license and insurance details.
All information you supply is confidential. We comply with all federal privacy standards.
Please print clearly.

Today's Date (MM/DD/YYYY)

Have you consulted a chiropractor before?
○ No ○ Yes **When?**

Whom may we thank for referring you?

If so, whom?

Gender
○ Male ○ Female

Your Last Name

Your Social Security Number

Your First Name

Your Middle Name (or Initial)

Birth Date (MM/DD/YYYY)

Marital Status
○ Single ○ Married ○ Divorced
○ Widowed ○ Separated

Address

City

State/Province

ZIP/Postal Code

Home Phone

Spouse's Name

Email Address

Cell Phone

Child's Name and Age

Emergency Contact

Phone

Child's Name and Age

Your Occupation

Child's Name and Age

Your Employer

May we contact you at work?
○ Yes ○ No

Preferred method of contact?
○ Home Phone ○ Cell Phone
○ Work Phone ○ Email

Address

City

State/Province

ZIP/Postal Code

Work Phone

Insurance Carrier

Policy Number

Primary Care Provider's Name

Insured's Last Name

Birth Date (MM/DD/YYYY)

Who carries this policy?
○ Self ○ Spouse ○ Parent

First Name

Middle Name (or Initial)

Insured's Employer

Address

City

State/Province

ZIP/Postal Code

Employer's Phone

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1. The symptom(s) that have prompted me to seek care today include: _____

_____

Patient name _____

2. And are the result of (darken circle): ◯ An accident or injury
◯ Work ◯ Auto ◯ Other _____
◯ A worsening long-term problem
◯ An interest in: ◯ Wellness ◯ Other _____

3. Onset (When did you first notice your current symptoms?)

_____

4. Intensity (How extreme are your current symptoms?)

0 ◯—◯—◯—◯—◯—◯—◯—◯—◯—◯ 10
Absent Uncomfortable Agonizing

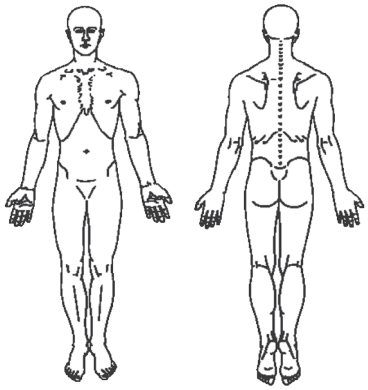
5. Duration and Timing (When did it start and how often do you feel it?)
◯ Constant ◯ Comes and goes. How Often? _____

_____

6. Quality of symptoms (What does it feel like?)

◯ Numbness
◯ Tingling
◯ Stiffness
◯ Dull
◯ Aching
◯ Cramps
◯ Nagging
◯ Sharp
◯ Burning
◯ Shooting
◯ Throbbing
◯ Stabbing
◯ Other _____

7. Location (Where does it hurt?)
Circle the area(s) on the illustration.
"0" for current condition
"X" for conditions experienced in the past



8. Radiation (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel.)

_____

9. Aggravating or relieving factors (What makes it better or worse, such as time of day, movements, certain activities, etc.)

What tends to worsen the problem? _____

What tends to lessen the problem? _____

10. Prior interventions (What have you done to relieve the symptoms?)

◯ Prescription medication ◯ Surgery ◯ Ice
◯ Over-the-counter drugs ◯ Acupuncture ◯ Heat
◯ Homeopathic remedies ◯ Chiropractic Other _____
◯ Physical therapy ◯ Massage _____

11. What else should Graber Chiropractic Center know about your current condition? _____

_____

12. How does your current condition interfere with your:

Work or career: _____

Recreational activities: _____

Household responsibilities: _____

Personal relationships: _____

13. Review of Systems

Chiropractic care focuses on the integrity of your nervous system, which controls and regulates your entire body. Please darken the circle beside any condition that you've **Had** or currently **Have** and initial to the right.

a. Musculoskeletal

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	Osteoporosis	◯	◯	Arthritis	◯	◯	Scoliosis	◯	◯	Neck pain	◯	◯	Back problems	◯	◯	Hip disorders
◯	◯	Knee injuries	◯	◯	Foot/ankle pain	◯	◯	Shoulder problems	◯	◯	Elbow/wrist pain	◯	◯	TMJ issues	◯	◯	Poor posture

NONE ◯ Initials ____

b. Neurological

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	Anxiety	◯	◯	Depression	◯	◯	Headache	◯	◯	Dizziness	◯	◯	Pins and needles	◯	◯	Numbness

NONE ◯ Initials ____

c. Cardiovascular

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	High blood pressure	◯	◯	Low blood pressure	◯	◯	High cholesterol	◯	◯	Poor circulation	◯	◯	Angina	◯	◯	Excessive bruising

NONE ◯ Initials ____

d. Respiratory

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	Asthma	◯	◯	Apnea	◯	◯	Emphysema	◯	◯	Hay fever	◯	◯	Shortness of breath	◯	◯	Pneumonia

NONE ◯ Initials ____

e. Digestive

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	Anorexia/bulimia	◯	◯	Ulcer	◯	◯	Food sensitivities	◯	◯	Heartburn	◯	◯	Constipation	◯	◯	Diarrhea

NONE ◯ Initials ____

f. Sensory

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	Blurred vision	◯	◯	Ringing in ears	◯	◯	Hearing loss	◯	◯	Chronic ear infection	◯	◯	Loss of smell	◯	◯	Loss of taste

NONE ◯ Initials ____

g. Skin

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have	
◯	◯	Skin cancer	◯	◯	Psoriasis	◯	◯	Eczema	◯	◯	Acne	◯	◯	Hair loss	◯	◯	Rash

NONE ◯ Initials ____

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h. Endocrine

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		NONE ○
○	○	Thyroid issues	○	○	Immune disorders	○	○	Hypoglycemia	○	○	Frequent infection	○	○	Swollen glands	○	○	Low energy	Initials ____

i. Genitourinary

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		NONE ○
○	○	Kidney stones	○	○	Infertility	○	○	Bedwetting	○	○	Prostate issues	○	○	Erectile dysfunction	○	○	PMS symptoms	Initials ____

j. Constitutional

Had	Have		Had	Have		Had	Have		Had	Have		Had	Have		NONE ○
○	○	Fainting	○	○	Low libido	○	○	Poor appetite	○	○	Fatigue	○	○	Sudden weight gain/loss (circle one)	○	○	Weakness	Initials ____

Patient name

○ All other systems negative

Past Personal, Family and Social History

Please identify your past health history, including accidents, injuries, illnesses and treatments. Please complete each section fully.

PERSONAL

14. Illnesses

Check the illnesses you have **Had** in the past or **Have** now.

Had	Have		Had	Have	
○	○	AIDS	○	○	Tuberculosis
○	○	Alcoholism	○	○	Typhoid fever
○	○	Allergies	○	○	Ulcer
○	○	Arteriosclerosis	○	○	Other: _____
○	○	Cancer			
○	○	Chicken pox			
○	○	Diabetes			
○	○	Epilepsy			
○	○	Glaucoma			
○	○	Goiter			
○	○	Gout			
○	○	Heart disease			
○	○	Hepatitis			
○	○	HIV Positive			
○	○	Malaria			
○	○	Measles			
○	○	Multiple Sclerosis			
○	○	Mumps			
○	○	Polio			
○	○	Rheumatic fever			
○	○	Scarlet fever			
○	○	Sexually transmitted disease			
○	○	Stroke			

15. Operations

Surgical interventions, which may or may not have included hospitalization.

- ○ Appendix removal
- ○ Bypass surgery
- ○ Cancer
- ○ Cosmetic surgery
- ○ Elective surgery: _____
- ○ Eye surgery
- ○ Hysterectomy
- ○ Pacemaker
- ○ Spine _____
- ○ Tonsillectomy
- ○ Vasectomy
- ○ Other: _____

16. Treatments

Check the ones you've received in the **Past** or are receiving **Currently**.

Past	Currently	
○	○	Acupuncture
○	○	Antibiotics
○	○	Birth control pills
○	○	Blood transfusions
○	○	Chemotherapy
○	○	Chiropractic care
○	○	Dialysis
○	○	Herbs
○	○	Homeopathy
○	○	Hormone replacement
○	○	Inhaler
○	○	Massage therapy
○	○	Physical therapy
○	○	Nutritional supplements:

List: _____

○ ○ Medications (prescription and over-the-counter):

17. Injuries

Have you ever...

- ○ Had a fractured or broken bone
- ○ Had a spine or nerve disorder
- ○ Been knocked unconscious
- ○ Been injured in an accident
- ○ Used a crutch or other support
- ○ Used neck or back bracing
- ○ Received a tattoo
- ○ Had a body piercing

FAMILY

18. Family History

Some health issues are hereditary. Tell Graber Chiropractic Center about the health of your immediate family members.

Relative	Age (If living)	State of health		Illnesses	Age at death	Cause of death	
		Good	Poor			Natural	Illness
Mother		○	○			○	○
Father		○	○			○	○
Sister 1		○	○			○	○
Sister 2		○	○			○	○
Brother 1		○	○			○	○
Brother 2		○	○			○	○
_____		○	○			○	○

19. Are there any other hereditary health issues that you know about? _____

20. Social History

Tell Graber Chiropractic Center about your health habits and stress levels.

SOCIAL

Alcohol use	○ Daily	○ Weekly	How much?	Prayer or meditation?	○ Yes	○ No
Coffee use	○ Daily	○ Weekly	How much?	Job pressure/stress?	○ Yes	○ No
Tobacco use	○ Daily	○ Weekly	How much?	Financial peace?	○ Yes	○ No
Exercising	○ Daily	○ Weekly	How much?	Vaccinated?	○ Yes	○ No
Pain relievers	○ Daily	○ Weekly	How much?	Mercury fillings?	○ Yes	○ No
Soft drinks	○ Daily	○ Weekly	How much?	Recreational drugs?	○ Yes	○ No
Water intake	○ Daily	○ Weekly	How much?			

Hobbies: _____

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21. Activities of Daily Living
How does this condition currently interfere with your life and ability to function?

	No Effect	Mild Effect	Moderate Effect	Severe Effect
Sitting	○	○	○	○
Rising out of chair	○	○	○	○
Standing	○	○	○	○
Walking	○	○	○	○
Lying down	○	○	○	○
Bending over	○	○	○	○
Climbing stairs	○	○	○	○
Using a computer	○	○	○	○
Getting in/out of car	○	○	○	○
Driving a car	○	○	○	○
Looking over shoulder	○	○	○	○
Caring for family	○	○	○	○

	No Effect	Mild Effect	Moderate Effect	Severe Effect
Grocery shopping	○	○	○	○
Household chores	○	○	○	○
Lifting objects	○	○	○	○
Reaching overhead	○	○	○	○
Showering or bathing	○	○	○	○
Dressing myself	○	○	○	○
Love life	○	○	○	○
Getting to sleep	○	○	○	○
Staying asleep	○	○	○	○
Concentrating	○	○	○	○
Exercising	○	○	○	○
Yard work	○	○	○	○

22. What is the major stressor in your life? _____

23. How much sleep do you average per night? _____ **Hours**

24. What is the type and approximate age of your mattress and pillow? _____

25. What is your preferred sleeping position? _____

26. Describe your typical eating habits: ○ Skip breakfast ○ Two meals a day ○ Three meals a day ○ Snacking between meals

27. What would be the most significant thing that you could do to improve your health? _____

28. In addition to the main reason for your visit today, what additional health goals do you have? _____

Acknowledgements
To set clear expectations, improve communications and help you get the best results in the shortest amount of time, please read each statement and initial your agreement.

Initials ____ **I instruct the chiropractor to deliver the care that, in his or her professional judgement, can best help me in the restoration of my health. I also understand that the chiropractic care offered in this practice is based on the best available evidence and designed to reduce or correct vertebral subluxation. Chiropractic is a separate and distinct healing art from medicine and does not proclaim to cure any named disease or entity.**

Initials ____ **I may request a copy of the Privacy Policy and understand it describes how my personal health information is protected and released on my behalf for seeking reimbursement from any involved third parties.**

Initials ____ **I realize that an X-ray examination may be hazardous to an unborn child and I certify that to the best of my knowledge I am not pregnant. Date of last menstrual period (MM/DD/YYYY):** _____

Initials ____ **I grant permission to be called to confirm or reschedule an appointment and to be sent occasional cards, letters, emails or health information to me as an extension of my care in this office.**

Initials ____ **I acknowledge that any insurance I may have is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive.**

Initials ____ **To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.**

If the patient is a minor child, print child's full name: _____

Signature _____ Date (MM/DD/YYYY) _____

Patient name _____

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Graber Chiropractic Center

David I. Graber, DC, DACBSP (2015)
140 Littleton Rd. Suite 200
Parsippany, NJ 07054
(973)335-1100 Office
(973)335-2660 Fax

Spinal Care Treatment Options: The Benefits and Risks

(The information in this report is based on and comes in large part from "Spinal Care Options: Risks and Benefits", published by the Institute of Evidence-Based Chiropractic and is copyrighted).

All health care treatments have certain benefits and carry the possibility of complications. The following information is provided to assist you in making an informed decision regarding your care.

1. Chiropractic Manipulation

Benefits: Twenty-four controlled research studies over the past 15 years have revealed that chiropractic care and the use of chiropractic manipulation is the most effective method of care for spinal cases. [1] A 1993 Canadian report overwhelmingly supported the safety, effectiveness, and scientific validity of chiropractic. [2] And in 1994 the U.S Department of Health and Human Services also endorsed manipulation. [3]

a. **Effectiveness:** Chiropractic care is more effective than medical treatment for spinal cases [4&5] In fact, chiropractic patients return to work 4 times sooner than medical patients [6&7]
b. **Cost:** Medical care for spinal pain costs between 4 and 10 times more than chiropractic care, [6&7]
c. **Patient Satisfaction:** Of the millions of patients who receive chiropractic treatment every year, the Gallup organization found that nine out of ten felt the treatment was effective. [8] In addition, chiropractic patients were three times more satisfied with their chiropractic care than with treatment by family medical doctors for similar conditions. [9]
d. **Holistic:** Reports and studies have shown that Chiropractic care may benefit patients with a variety of conditions, including: headaches, TMJ dysfunction, extremity disorders (including the shoulder, wrist, hip, knee, and foot), asthma, bed wetting (enuresis), colic, hearing disorders, lowered immune resistance, recurrent tonsillitis, chronic or recurrent otitis media, vision disorders, balance and dizziness disorders, digestive disorders and dysmenorrheal. [32]

Risks: Stiffness, muscle and joint strain or sprain can happen occasionally. These are almost always self-limited and resolve without further problems. In rare cases damage may occur to the arteries of the neck, and such damage may contribute to serious

David I. Graber, DC, DACBSP (2015)
140 Littleton Rd. Suite 200
Parsippany, NJ 07054
(973)335-1100 Office
(973)335-2660 Fax

medical complications, including stroke. Research has estimated that this occurs in approximately 1 per 5 million treatments. [10&11] Also rare is disc injury, which is estimated to occur in less than 1 case per million treatments. [9] Many reported injuries of Chiropractic manipulation occur with non-Chiropractic providers attempting to apply Chiropractic-like procedures, without the highly developed skill and experience of a doctor of Chiropractic. [33]

2. **Over the Counter Drugs**

   Benefits: Over the counter drugs can be used in mild and moderate cases to temporarily reduce pain.

   Risks: Short-term use of over the counter drugs such as Aspirin, Ibuprofen, Acetaminophen, and other non-steroidal anti-inflammatory medications (NSAIDs) usually cause no significant problems, although side effects such as nausea, vomiting, rashes, and dizziness may occur.

   Long term use of NSAIDs can cause serious side effects in the form of stomach and intestinal irritation, ulcers, and bleeding in approximately 1 in 250 users [3&29] Some patients who have used NSAIDs on a long-term basis have developed end-stage kidney disease requiring life-long dialysis treatment. [13] As high as 32,000 deaths a year in the United States are reported for NSAID use. [29]

3. **Prescription Medicines: Muscle Relaxant, Anti-inflammatory, and Pain Relief Medications**

   Benefits: short-term use of prescription pain relievers can temporarily reduce pain and could be used in severe cases. The short term use of steroid and non-steroidal anti-inflammatory medications (i.e. Celebrex, Vioxx, etc.) may help decrease inflammation and the pain it causes temporarily. The short-term use of muscle relaxants has been shown to be questionable. 14

   Risks: Short term use of prescription drugs usually causes no significant problems, but side effects such as nausea, drowsiness, vomiting, rashes and dizziness may occur. No research supports the long-term effective use of these drugs. Long-term use could cause a number of significant complications that vary from drug to drug.

4. **Hospitalization**

David I. Graber, DC, DACBSP (2015)
140 Littleton Rd. Suite 200
Parsippany, NJ 07054
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(973)335-2660 Fax

Benefits: Hospitalization is unnecessary and ineffective for back problems, [15&16] Chiropractic care provides more effective long and short term benefits than hospital treatment. [4]

Risks: Hospitalization increases one's chance of exposure to communicable diseases and malpractice. Research by Harvard Medical School found a 1% risk of serious injury (10,000 cases per million) due to medical negligence during a hospital admission. [17]

5. **Physical Therapy**

Benefits: Chiropractic manipulation is more effective than physical therapy for back problems. [2,3&5]

Risks: Various risks depending on the specific form of therapy utilized. No serious consequences when applied by a professional under the direction of a chiropractic or medical doctor.

6. **Surgery**

Benefits: A patient should always get a second opinion before consenting to spinal surgery. Only 1% of spinal cases (like fractures, dislocations or certain nerve damage cases) can benefit from surgery, and surgery can cause more problems that it solves.[3] Approximately 20% to 30% of all low back spinal surgeries (laminectomies) are reported to be unsuccessful. [18] In contrast, chiropractic has been successful for the treatment of patients previously diagnosed as needing disc surgery. [19]

Risks: Surgery for neck pain results in paralysis in 15,000 cases per million (1.5% risk of paralysis). [20]

7. **Massage**

Benefits: Massage may reduce pain and relax muscles in the short term. [3] It has not been proven to speed the recovery of back problems. Chiropractic is significantly more effective than massage therapy for back problems. [21]

Risks: None known when applied by a professional under the direction of a chiropractic medical doctor.

8. **Osteopathic Manipulation**

David I. Graber, DC, DACBSP (2015)
140 Littleton Rd. Suite 200
Parsippany, NJ 07054
(973)335-1100 Office
(973)335-2660 Fax

Benefits: Although a small percentage of doctors of osteopathy do practice manipulation, most have become medical care providers and have left spinal manipulation to the chiropractic profession.

Risks: The risks are the same as chiropractic manipulation, according to Schott Haldeman D.C., M.D., Ph.D.

9. **Acupuncture**
   Benefits: Acupuncture produces poor results for back pain. [3,22,23]
   Risks: Possible infection from the use of needles. When applied by a licensed professional, there is a very rare chance of significant problems.

10. **Bed Rest**
    Benefits: Bed rest may reduce pain, but should not exceed 1 to 2 days. Bed rest is not recommended as the sole treatment method for spinal problems.
    Risks: Exceeding 2 days of bed rest slows recover and weakens the muscles and bones of the spine – which can lead to chronic back problems. [3&24]

11. **Exercise**
    Benefits: Exercise is an integral component of any successful rehabilitative spinal program. When performed properly, exercise can improve the strength and endurance of spinal muscles and reduce pain. [3,25,26&27]

    Risks: Under the supervision of a doctor or therapist, no material risks. However, when performed improperly, exercise can complicate and worsen a spinal condition.[3]

12. **Injections:** Epidural Steroid, Facet Joint and Trigger Point Injections
    Benefits: Short term benefits were found in some studies, other studies have found no benefit. [30&31]

    Risks: Dural tap, temporary headache, and an increase in pain.

13. **No Treatment**
    Benefits: Some minor spinal pains might go away without treatment. However, pain is not an accurate indicator of the need for treatment. [28]

David I. Graber, DC, DACBSP (2015)
140 Littleton Rd. Suite 200
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Risks: Delaying treatment can result in reduced mobility and increased scarring of spinal tissues. It might turn a simple case into a complicated condition that will be more costly to treat and will yield less favorable results. [28]

References

The information in this report is based on and comes in large part from "Spinal Care Options: Risks and Benefits", published by the Institute of Evidence-Based Chiropractic and is copyrighted.

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David I. Graber, DC, DACBSP (2015)
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140 Littleton Rd. Suite 200
Parsippany, NJ 07054
(973)335-1100 Office
(973)335-2660 Fax

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David I. Graber, D. C., D.A.C.B.S.P.
140 Littleton Road, Suite 200
Parsippany, NJ 07054
(973) 335-1100 office
(973) 335-2660 fax

HIPAA INFORMATION AND CONSENT FORM

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a "friendly" version. A more complete text is available upon request.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U. S. Department of Health and Human Services. www.hhs.gov

We have adopted the following polices:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and not contain any coding which indentifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, email, U. S. mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I acknowledge that I have received and have been informed of the above information.

Signature: _____ Date:

Print Name: _____