Big Island Chiropractic

Dr. Tod M. Ichishita, DC
75-5591 Palani Road, Ste#2003 Kailua-Kona, HI 96740 Phone:808-327-9845 Fax:808-329-9038

Patient Information

Name_____ **Date**_____
First Middle Last

Address_____ **City**_____ **State**_____ **Zip**_____

Sex: ___Male ___Female Birth date_____ **SS#**_____ **Marital Status s**_____

Cell #:_____Cell Carrier: _____ Home #: _____ Work #: _____

Patient Employer/ School:_____ **Occupation**_____

Address_____ **email**_____

Spouse/ Parent Name_____ **Person to Contact in case of emergency**_____

Emergency contact Phone number_____ **Who referred you to our office?**_____

Insurance Information

Name of Insured _____ **Relationship to patient**_____

Birth date of insured_____ **SS# of insured**_____

Name of employer_____ **Phone number of employer**_____

Address of employer_____ **City**_____ **State**_____ **Zip**_____

Insurance Company_____ **Name of employee Union**_____

Name of Secondary Insurance_____ **Name of Insured for secondary insurance**_____

Birth date of insured of secondary insurance_____ **SS# of insured of secondary insurance**_____

Symptoms

Reason for visit_____ **When did symptoms first appear?**_____
Pain, headaches, etc.. **1 day, 1 week, etc?**

The condition is getting __better__same__worse Where is the problem?_____

Is the injury work-related or due to an auto accident?_____

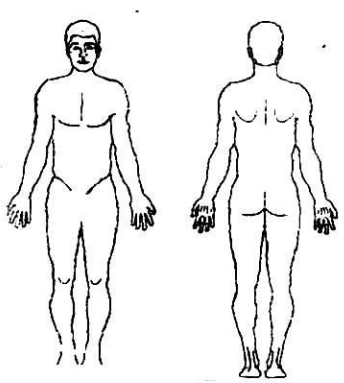
If so, was it or will you be reporting it to your employer/ insurance company?_____

Describe the pain- (achy, dull, sharp, shooting, numb, tingling, etc..)_____

Rate the pain on a 1-10 scale (1-minimal pain, 5-moderate, 10-severe)_____

Have you seen another doctor or health care professional for this problem?_____

When?_____**Who was it?**_____ **Did the treatments help?**_____



Mark an X on the body on areas that are sore, z over tingling areas, and N over numb area--→

Health History

List any past surgeries with dates_____

List any fractures and dates_____

Any health conditions we should be aware of? (heart problems, diabetes, stroke, cancer, etc..)_____

_____

Name of your medical doctor_____ **Date of last exam**_____

List any medications, vitamins or supplements that you currently take _____

_____

Do you smoke, drink alcohol, drink or take caffeine or nicotine on a daily basis?_____ How much per day?_____

Women- Are you pregnant?_____ If yes, any history of miscarriages_____ When_____

Have you seen a Chiropractor before?_____ **Who was it** and when was your last treatment?_____

Participating Provider Insurance Certification and Assignment- _____ Initial here if this applies to you

I certify that the above information is complete and accurate to the best of my knowledge. I also certify that I and / or my dependents have current insurance coverage with the above-named insurance company and I assign payment to Big Island Chiropractic for any and all services rendered. **I also understand that I am financially responsible for all charges by Big Island Chiropractic, whether or not services are covered by my insurance company.** I authorize my signature on all insurance submissions pertaining to my care. I authorize the disclosure of my health information to the above named insurance company and their agent for the purpose of obtaining payment for services, determining insurance benefits, and/ or benefits payable for related services. I also understand that if my employment status or health insurance changes in the future that it is my responsibility to notify Big Island Chiropractic of these changes. I realize that failure to inform them may change my payment obligations to the provider and make me responsible for any and all services not covered by my current health insurance.

Non Participating Provider Acknowledgement- _____initial here if this applies to you

I certify that the above information is complete and accurate to the best of my knowledge.
I certify that I understand that Big Island Chiropractic is not a provider with my health insurance company. **I also understand that I am required to pay the full office visit at the time the service is performed.** I understand that because Big Island Chiropractic is not a participating provider that I may or may not be re-imbursed by my health insurance company for any services provided by the clinic for my condition. I acknowledge and take full financial responsibility for any services performed on me by this clinic and its providers.

_____ _____

Signature of patient, or parent of minor, or guardian date

_____

Print name of patient, or parent of minor, or guardian

Big Island Chiropractic
Dr. Tod Ichishita, DC
Clinic Director

75-5591 Palani Road, Ste#2003 Kailua-Kona, HI 96740 Phone:808-327-9845 Fax:808-329-9038

Consent to Treat Form

1.) What is Chiropractic Care?
The word Chiropractic means "done by the hand" and is from the Greek words of Cheiros (hand) and Praktos (Practice). Chiropractic is a natural, non-invasive approach to healthcare that primarily treats non-complex (eg. strains and sprains) conditions of the spine or neuromuscular system without drugs or surgery. The most common conditions that Chiropractors treat are sprains and strains of the back or spine. However, Chiropractors also treat other ailments such as headaches, TMJ, and injuries to the arms and legs. Chiropractors do not treat "complex" medical conditions such as heart problems, cancer, fractures, dislocations or any other type of serious condition that may need surgical or medical intervention from a medical doctor.

2.) How does a Chiropractor treat these conditions?
Chiropractors primarily treat these conditions by manipulating the spine. A Chiropractor does this by using precisely controlled thrusts into the spine that restore motion to a fixated joint. These thrusts are mostly done by the Chiropractor, however other instruments (tables, activator gun) are also used to "mimick" these thrusts. Chiropractors refer to these thru as an adjustment. You may feel a "pop" and or a sense of movement in the area of the adjustment.

3.) How does an Adjustment work?
Current research shows that an adjustment can stop or decrease a muscle spasm. It has been also shown to release endorphins into the body. Endorphins are the body's own natural pain reliever. They are released by your body in times of excitement or stress and can block pain and cause an increased sense of well-being. Adjustments also restore motion into the spinal joints that are fixated by muscle spasms or scar-tissue formation from an old injury that healed improperly. The motion also helps to bring nutrition and fluids to spinal discs and keeps them healthy and prevents them from deteriorating.

Contra-Indications to Chiropractic
Please inform your Chiropractor if you have the following conditions- cancer, history of stroke, history of blood clots/ thrombus/emboli, heart/ valve/lung problems, fractures, dislocations, and any systemic conditions such as diabetes, lupus, Rheumatic Arthritis, etc. These conditions may be a contra-indication to Chiropractic care. Also, if you take medication for any condition, please notify your Chiropractor. Your Chiropractor will review these conditions with you and determine if you are a candidate for Chiropractic treatment.

Side Effects of Chiropractic
The side effects of Chiropractic are rare, but occasionally occur. These include the increase of pain and soreness caused by bruising, and strains and sprains as a result of the adjustment. Other uncommon side effects are dizziness, light headedness and headaches. These symptoms usually resolve in a few days and are usually a result of fixated joints that are immobilized by scar tissue or muscle spasms and suddenly "freed" by the adjustment.

On very rare occasions, it has been noted that Chiropractic adjustments can cause nerve injury, disc injury, and fractures and dislocations. Your Chiropractor is trained to treat your condition with the utmost skill and professionalism.
It has been warned; that in extremely rare cases, Chiropractic neck adjustments can cause a stroke. This incidence is extremely rare and mostly caused from a pre-existing blood clot that is already present in the patient. It is currently estimated that the chances of a chiropractic neck adjustment causing a stroke is about 1 in a million*. A study in the medical journal Pain showed in 2000 that the chances of a person dying from taking NSAIDS (Tylenol, etc..) is 1 in 1,200. Therefore, you have a greater likelihood of dying from taking NSAIDS, than from you getting a chiropractic cervical adjustment. The most current research is still inconclusive on whether Chiropractic Cervical adjustments can cause a stroke.
Your Chiropractor is trained to recognize when there is an increased risk of stroke and will avoid certain treatments if your condition warrants it. *Rosner, PHD 2003, May18 neurology, *TrammerPain 2000, 85(1-2):169-182

Other Treatments used by this clinic:

1.) Interferential electric stimulation-

A form of electrical stimulation used to decrease muscles spasms, decrease pain, improve blood flow and decrease swelling. Uncommon Adverse affects- Burns, malaise, nausea, vomiting, increased pain, dizziness, headaches, neurological effects.

Contra-indications-

Patients with the following should not use interferential therapy: cardiac pacemakers, advanced heart disease, severe hypertension or hypotension, cancer, thrombus, emboli, systemic infections, pregnant women, children (asthenic-small body mass), loss of skin sensation due to disease or trauma, open wounds, mentally incompetent patients, and patients with high fevers.

2.) intersegmental traction-

The intersegmental traction table is used to increase range of motion in a fixated spinal vertebrae complex. This can help to decrease pain and muscles spasms. Uncommon adverse effects- increased pain and muscles spasm.

Contraindications:

Severe Pars defect, Post-surgical spinal fusion, Severe disc bulge or herniation ,Cancer, Aneurysym, Thrombus and emboli , Severe arthritis, Severe osteoporosis or systemic disease causing "brittle" bones, inability to lay on back without extreme pain, Fractures, dislocations, Skin conditions- burns, severe cuts/ lacerations, shingles, sunburns, etc..

4.) Ice packs

Ice is used to help to decrease pain, swelling, and muscle spasms.

Adverse effects- Temporary increased tightness of muscle and joint range of motion

Contra-indications- Past history of frost bite on affect area, hives, open wounds or skin conditions that are sensitive to cold and or history of Reynauds disease.

5.) Massage by hand or with mechanical aid (hypervolt, theragun, etc..)

Massage therapy can be used to decrease muscle spasms, swelling and inflammation, improve joint range of motion, increase blood flow, and decrease stress and promote a sense of well-being and relaxation.

Adverse effects- Increased soreness, inflammation, and muscles spasms

Contra-indications- Thrombo phlebitis (blood clots in legs), Severe Pars defect, Post-surgical spinal fusion, Severe disc bulge or herniation ,Cancer, Aneurysym, Thrombus and emboli , Severe arthritis, Severe osteoporosis or systemic disease causing "brittle" bones, inability to lay on back without extreme pain, Fractures, dislocations, Skin conditions- burns, severe cuts/ lacerations, shingles, sunburns, etc..

I _____ understand the benefits and risks associated with Chiropractic care as explained to me by this document and by the staff of Big Island Chiropractic and Dr Tod Ichishita, DC. I authorize Dr Tod Ichishita, DC and the staff of Big Island Chiropractic to treat my condition with the treatments stated above.

_____ _____

Patient Date

_____ _____

Doctor/ therapist/witness Date

Big Island Chiropractic
Dr. Tod M. Ichishita, DC

75-5591 Palani Road, Ste#2003 Kailua-Kona, HI 96740 Phone:808-327-9845 Fax:808-329-9038

Office policies

1.) Please give at least 8 hours notice if you are unable to keep an appointment.
2.) Any lost belongings (ear rings, sunglasses, etc..) will be kept at the front desk. Please ask the office manager if you think you lost an item in our office.
3.) If you have x-rays or reports that you would like the doctor to read, than please notify the office manager prior to you appointment.
4.) If the doctor feels like your condition warrants an x-ray or further testing, then he will refer you to another facility for those services. That referral will be made at our doctor's discretion.
5.) Payment is expected after services are rendered.
6.) A **$25 fee** will be given on all returned checks that "bounce".
7.) Please notify the office manager on any address or phone number changes. Also notify the office if your employment status changes or health insurance changes. Failure to do so, may affect your financial responsibility for services performed by this clinic that are not covered by your present insurance company. **You will still be responsible for any and all services by this office, regardless if your health insurance is not current or does not cover the care provided.**
8.) If you have something confidential to talk to the doctor about that will last longer than typical appointments (15 min), then please make prior arrangements for a separate appointment time to meet with him.
9.) Please consult with the doctor immediately if you are unsatisfied with your treatment.
10.) If you are feeling ill, unwell, dizzy, or nauseous after your treatment, please notify the doctor as soon as possible. If you are unable to contact this office, then please call 911 or your medical doctor for assistance as soon as possible.

I understand the office policies set forth in this document and I agree to its conditions.

_____ _____

Patient Date

Notice of Privacy Practices

Big Island Chiropractic

Dr. Tod M. Ichishita, D.C., *75-5591 Palani Road Suite 2003, Kailua-Kona, HI 96740 Phone: 808-327-9845 Fax:808-329-9038*

This notice describes how your medical information may be used and disclosed in this office. Please review it carefully. This notice takes effect on 1/1/08 and remains in effect until we replace it.

1) Our pledge regarding your medical information-
   The privacy of your medical information is important to us and we are committed to protecting it.
2) Our legal duty-
   US federal law requires us to keep your medical information private, provide you a notice describing our privacy practices regarding your medical information, and follow the terms of this notice.
3) We have a right to change our privacy practices at any time, provided that these changes are permitted by law. If these changes are made, a new notice will be provided to our patients.
4) Use and disclosure of your medical information-
   We will use the medical information about you to provide you with medical treatment.
   We may share medical information about you to other health care professionals.
   We will use and disclose your medical information for payment purposes by a third party payer. The information on your bill to these payers may include your medical information.
   We may also disclose your health information to the following: Appointment reminders, Court order, subpoenas, legal authorities charges with abuse, neglect, domestic abuse, and disease control, medical examiner, and workers compensation, auto and health insurance companies associated with your case.
5) You have a right to-
   Look at or get copies of your medical records. You must make your request in writing. If you request for copies of your records, we will charge you a **fee of:**
   -$.40 per page for the first 10 pages and a $5.00 administrative fee, plus the cost of postage; if you want the copies mailed to you.
   -$.40 per page for pages 11 to 20 and a $10.00 administrative fee, plus the cost of postage; if you want the copies mailed to you.
   -$.40 per page for pages 21 and above and a $20.00 administrative fee, plus the cost of postage; if you want the copies mailed to you.
   -Receive a list of all the times your medical information was shared for reasons not stated in section 4 of this document.
   -Request that we place additional restrictions on the use of your medical records. We are not required by law to agree to these terms, but you may request that we do.
6) Questions of complaints-
   If you have any questions about this notice or if you think we have violated **your privacy rights** you may either contact us or the US Department of Health and Human Services and submit a written complaint. We will not retaliate in any way if you wish to file a complaint.

I have reviewed the privacy practices of Big island Chiropractic. I understand and agree with the terms set forth.

Print Name: _____ Signature: _____

Date: _____

Big Island Chiropractic
75-5591 Palani Road Suite 2003
Kailua-Kona, HI 96740
Phone: 808-327-9845 Fax: 808-329-9038 Cel: 808-990-0571

INSURANCE COVERAGE EXPLANATION

Dear Patient,

The following information concerns your insurance benefit through Medicare, Chiroplan, ASHN, Kaiser, or HMSA. Your insurance is HMO regulated and therefore does not cover monthly "maintenance" treatments and will only cover treatments that are "medically necessary". Medically necessary treatments include sprains or strains that arise from falls or accidents that are not auto or work-comp related. "Maintenance" treatments are defined as treatments that are provided without symptoms. In other words, the insurance company will not pay for treatments when you have no complaints and you are not in pain. This also includes preventative treatments that may help you to feel good and keep you functioning. However, because you are not necessarily in pain at the time, it is not a covered benefit. The insurance will cover those times when you are in pain and injure yourself from a fall or accident at home. However, if the cause of the injury is auto accident or work-related they again will not pay any benefits. This does not mean that this office discourages maintenance or preventative treatments. You can still come in for those treatments. However since your insurance will not cover these visits, it will be paid out of pocket. The following treatments are examples of what is not covered in your plan.

1.) Once a month treatments without symptoms (Maintenance).
2.) Once a month treatments of the same problem with the same cause for more than 2 months in a row.
3.) Injuring yourself at work or in an auto accident.
4.) Fibromyalgia, chronic fatigue, or other types of illnesses that do not have a definite timeline on the duration of treatment.
5.) In regards to ASHN and Chiroplan, please also keep in mind that they are HMO regulated. The HMO is the one that determines how many visits the patient is entitled to, not the doctor. A request is made by the doctor, but the HMO has the final word on the approval. In other words, just because your insurance says you have 20 visits a year does not mean that you can use all 20. 20 visits a year are given upon "medical necessity". The HMO determines if all visits are medically necessary, not the patient or the doctor.

This information is provided for you so that you will understand how your insurance coverage works. Please talk to the doctor or office staff about this or any other questions you have concerning this matter.

Sincerely,

Dr. Tod Ichishita, DC

Patient Signature/Name

Date