

NEW PATIENT INTAKE FORM FOR ANIMAL CHIROPRACTIC CARE

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Doctor of Chiropractic, Certified in Animal Chiropractic by the International Veterinary Chiropractic Association & Certified Canine Rehabilitation Practitioner

Client (Your) Name: _____ Date: _____
_____/_____/_____

Home Address:

Mailing Address:

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Email: _____

Referred by: _____

Permission to use text and email for communication, reminders, Newsletter and updates:

____Y____/____N____

Patient (Animal) Name: _____

Male____ Female____ Intact (Y / N) Age: _____ Date of Birth: ____/____/_____

Species: _____ Breed: _____ Color: _____

Weight: _____ lbs.

Veterinarian and Vet Clinic:

Temperament of animal (1=very calm and friendly/10=very aggressive; explain):

Any triggers/fears:

Reason for seeking chiropractic care:

How did the problem occur and what date?

What makes the problem better or worse?

How would you rate your animals' pain on a scale of 0-10 (0 being no pain, 10 emergency level pain)? How does your animal show their pain (strange sounds, pacing, heavy breathing etc)?

Any recent diagnostics (bloods, MRI, x-rays):

Trauma or Surgery & date:-

Other Health Problems/Concerns/Illnesses (if so, please list the Clinics or Doctors seen for this condition(s), last time seen, and diagnosis):

Any Recent Changes in Behavior: (if so explain)

Description of Diet (also list known allergies), frequency and amount:

Medications and supplements:

Use/Job of animal:

Amount of exercise, type and duration:

Previous Chiropractic/ PT/ Rehab Care: (name of Doctor and dates):

Additional Relevant Information:

Informed consent and release

Please initial each line to indicate that you have read and understood the information below:

_____ I understand that by signing this I agree that I have disclosed all known issues about my animal to Functional Health Solutions DBA Rehab 4 Pets and believe that there are no underlying issues that I have not presented.

_____ I understand that Dr Broadhurst is not a Doctor of Veterinary medicine and therefore I do not expect her to practice general veterinary medicine.

_____ I have documented any behavioral issues that my animal may have towards people or other animals.

_____ I understand and agree that FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS will not be held liable for any problems that may arise in the future and with the understanding that they are animals and are unpredictable, I hereby release FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS from any liability of any kind whatsoever with regards to my animal's attendance and participation under FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS's care.

_____ I understand that I am solely responsible for any harm caused by my animal to any other animal or person or property while under FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS's care. This includes any financial obligation that may result due to my animals' behavior.

_____ I understand and agree that I am responsible for paying 100% of the cost of a scheduled appointment if I cancel with less than 48 business hours' notice.

_____ Yes _____ No I grant FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS the right to take photographs or video of me and my animal. I authorize FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS to copyright, use and publish these in print or electronically. I agree that FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS may use such images with or without my name and for any lawful purpose including publicity, illustration, advertising or web/online content, webinars etc.

_____ I hereby allow FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS and my referring vet to share any and all records so they can better collaborate on my animal's treatment. I allow FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS to share records with any and all members of my animal care team (I.e.: trainers, massage therapists, groomers, etc.). I hereby also allow use of my pet's health information for research purposes to advance the field of animal chiropractic.

_____ I understand that FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS is not a contracted provider with any insurance companies. My insurance policy is a relationship between myself and my insurer. Upon each service, I will be provided a detailed receipt that I may use for my own submission to my insurer. In submission, I understand there is no guarantee for reimbursement for services rendered and I do not hold FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS responsible for providing any records or receipts to my insurance company as they have provided them to me, the owner, directly.

I agree and realize that there are certain risks that are associated with alternative medicine, these have been explained to me and I understand them. I agree to release FUNCTIONAL HEALTH SOLUTIONS DBA REHAB 4 PETS from any liability arising due to unforeseen consequences of care and hereby waive any and all claims that may arise. I certify that I have read and understood this agreement and that the information set forth above is true and correct. I agree to all the terms, statements and conditions of this agreement.

1. Texas Administrative Code (573.14) Alternative Therapies – Chiropractic and Other Forms of Musculoskeletal Manipulation. May be performed by a licensed veterinarian, a non-veterinarian employee or independent contractor. Animal chiropractic and MSM may be performed under the following conditions: a valid veterinarian / client / patient relationship has been established as defined by the Act, an examination has been made by the licensee to determine that animal chiropractic / MSM will not likely be harmful to the patient, and the licensee obtains as a part of the patients permanent record a signed acknowledgement by the owner or other caretaker of the patient that animal chiropractic is considered by Texas law to be alternative therapy. A non-veterinarian employee or an independent contractor may perform these procedures on an animal under the "direct or general" supervision of the veterinarian.

As the owner of _____, I have been made aware that animal chiropractic /musculoskeletal manipulation is considered by Texas law to be an alternative therapy. As the owner of _____, I have been made aware that acupuncture is an alternative therapy in veterinary medicine, and I am approving its use in my patient. I have been made aware of the conventional treatments available and their probable ability to cure the problem.

Initial: _____ I do hereby authorize consent to treatment by Functional Health Solutions DBA Rehab 4 Pets for my pet's injury or condition. I have been informed of the options and attending risks of hospitalization and treatment and understand the services stated. I acknowledge that I have provided Functional Health Solutions DBA Rehab 4 Pets with the necessary information requested. I agree to indemnify and hold Functional Health Solutions DBA Rehab 4 Pets harmless from and against any and all liability arising out of the performance of any procedures/treatment plans that will be performed or any adverse reactions occurring due to my nondisclosure of information.

Date: _____

Signature: _____