

**Lancaster Chiropractic Life Center**  
Practice Member History and Information

For Doctor's Use

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H W Cell) \_\_\_\_\_ (H W Cell) \_\_\_\_\_ (H W Cell) \_\_\_\_\_

Email address \_\_\_\_\_ **←Please print clearly** (Very, very important! For office closings, all receipts, essential notifications, schedule changes, bulletins, etc...Your information will be protected, we promise!)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Spouse/Partner's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

***Chiropractic is not about a treatment or cure for disease. Chiropractic is for the removal of interference to the nervous system and restoration of function and communication within the body so that your body may express its fullest potential for life and healing.***

How did you hear about this office? \_\_\_\_\_

Previous chiropractic care? Y N If Yes, time under care \_\_\_\_\_

Reason for discontinuing care? \_\_\_\_\_ Good experience? Y N

Medical History (please include all health conditions for which you've been treated, or suffer from)

Have you ever had any Surgeries/Hospitalizations? If Yes, list: \_\_\_\_\_

Have you ever had any Traumas/Falls/Accidents? If Yes, list: \_\_\_\_\_

Do you take Drugs/Medications/Supplements? If Yes, list: \_\_\_\_\_

Exercise \_\_\_\_\_ Hobbies \_\_\_\_\_

Stress: Work \_\_\_\_\_ Personal life \_\_\_\_\_ Health \_\_\_\_\_ General worry \_\_\_\_\_  
*Please rate from 1 (bliss) to 10 (nervous breakdown)*

What is your reason for visiting our office? \_\_\_\_\_

Have you seen any other doctor's about this? Y N If yes, list outcome/treatment: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ **Thank you!**

# Lancaster Chiropractic Life Center

Dr. Tai A. Scelfo • Chiropractor

## What Is Chiropractic?

### What do Chiropractors do?

The Chiropractic objective is to help return proper body function to you by restoring, then maintaining the proper relationship between the spine and nerve system. Nerve pathways, which are **vital to life**, are housed and protected by the bones of the spine (called vertebrae) and the pelvis. Small misalignments of these bones, which interfere with the function of these vital nerve pathways, are called vertebral subluxations. These subluxations come from many causes (lifestyle and environment) and prevent various organs, glands and tissues in your body from functioning properly. Chiropractors locate and adjust these vertebral subluxations and help your body correct and minimize the negative effects these subluxations cause.

### How can Chiropractic help me?

Subluxations, which are found in almost anyone with a spine, often go undetected for years and are extremely damaging when not removed. Using specific Chiropractic adjustments, subluxations are corrected and normal nerve function is restored. Keep in mind that the goal of a Chiropractor is simply this: to adjust vertebral subluxations for the purpose of allowing the proper transmission of mental impulses over your nerve pathways, so every part of your body can function with as best a nerve supply as possible at all times.

- *As stated in Gray's Anatomy, "the purpose of the brain and nerve system is to control and coordinate the **function of all the cells, tissues, organs and systems of the body and to adapt the organism to its environment.**"*
- *Webster's Dictionary defines health as a "condition of wholeness in which all of the organs are **functioning at 100% all of the time.**"*

Removing these subluxations and the associated interference to your nerve system, allows the innate (inborn, natural) healing ability of the body to work at maximum efficiency. This allows you to express your innate potential for health to the best of your body's ability.

### What Chiropractic *IS NOT*.

Additionally, we need to briefly understand what Chiropractic *is not*. Chiropractic *is not* a substitute for medical care. Chiropractic is not a pill. Chiropractic *is not* something you take or do to cover up symptoms. Chiropractic *is not* "alternative medicine". There is no "alternative" to medicine. Medicine's purpose is to monitor conditions and diseased states and to treat symptoms. No matter what you use to treat those symptoms, that is the objective and practice of medicine. Chiropractic *is not* meant to be used as an alternative to anything; it is unique unto itself, in both objective and method. The Chiropractor *does not* treat symptoms.

### What does this all mean to me?

Regardless of what the disease is called, the Chiropractor *does not* offer to *heal or even treat disease*. Neither do we offer *advice* regarding the treatment of disease. The objective of the Chiropractor is to allow the body to do its job, naturally. The only means is by an adjustment of the vertebral subluxation. The Chiropractor's goal is to remove nerve system interference, which prevents the body from functioning at 100%. Then, **the body** can have the best chance possible to heal naturally and reach its maximum potential for health and life.

Remember, Chiropractic is simply about removing interference that is **stopping you** from functioning as well as you are able. It is for this reason alone that millions of people around the world have made Chiropractic a regular part of their lives. Take responsibility for your own life and health!

- **Because of the unique nature of our fee system, we CAN NOT accept any health or accident insurance, personal injury or workman's compensation cases.**
- We ask all new practice members attend a Report of Findings.

# Lancaster Chiropractic Life Center

Dr. Tai A. Scelfo, Chiropractor

Name \_\_\_\_\_

## Terms of Acceptance

Care in this office is limited to a single goal: The detection and correction of spinal nerve interference called *vertebral subluxation*.

Specifically, a vertebral subluxation is a misalignment of one or more of the 24 movable segments in the spine which causes an alteration of nerve function. This misalignment interferes in the transmission of mental impulses between the brain and (some or all of) the tissues, organs, glands and cells that are controlled by that nerve. The end result is a lessening of the body's inborn ability to express its maximum potential for both health and performance.

The method employed for correction of vertebral subluxation is called a *chiropractic adjustment*. In this office, an adjustment is defined as the very specific application of a gentle force to assist the body in correcting a misalignment of a spinal bone.

**We do not offer to diagnose or treat any disease or condition.** If, however, during the course of your spinal examination non-chiropractic or unusual findings are noted, you will be advised. If you desire advice, diagnosis or treatment for those findings, we recommend that you seek the services of a health care provider who specializes in that area. Regardless of what the disease or condition is called, we do not offer to treat it, nor will we offer advice regarding any treatment prescribed by others.

As medical conditions are not diagnosed or treated, *health insurance policies do not typically cover the services in this office*. For the same reason, we cannot participate in cases of worker's compensation, personal injury or third-party liability, or complete disability forms or prescriptions.

**Our only objective is to detect and correct vertebral subluxation** in order to eliminate a major interference to the expression of the innate wisdom of the body.

I have read and fully understand the above statements. I, therefore, accept chiropractic care in this office.

\_\_\_\_\_  
Signature of Practice Member (or parent, if minor)

\_\_\_\_\_  
Date

CONSENT FOR USE OR DISCLOSURE OF HEALTH INFORMATION

**Lancaster Chiropractic Life Center, Lancaster, Pennsylvania**

**Our Privacy Pledge**

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health care information.

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services.
- We may need to use your health information within our practice for quality control or other operational purposes.

We have a more complete notice that provides a detailed description of how your health information may be used or disclosed. You have the right to review that notice before you sign this consent form. We reserve the right to change our privacy practices as described in that notice. If we make a change to our privacy practices, we will notify you in writing when you come in for care or by mail. Please feel free to call us at any time for a copy of your privacy notices.

**Your right to limit uses or disclosures**

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us.

**Your right to revoke your authorization**

You may revoke your consent to us at any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

I have read this consent policy and agree to its terms. I am also acknowledging that I have received a copy of this form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Provider Representation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Lancaster Chiropractic Life Center  
1668 Lincoln Highway East  
Lancaster, PA 17602**

**X-Ray Consent Form**

The doctor has explained that the purpose of the x-rays about to be taken is to analyze the spine for vertebral subluxations and to determine the appropriateness of chiropractic spinal adjustments. If the doctor discovers a non-chiropractic 'unusual finding' when reviewing this x-ray, I will be informed. Then I must determine if I should seek the services of an additional health care provider for advice, diagnosis, or treatment for the unusual finding. I understand that seeking advice from another type of health care provider should not interfere with the subluxation correction care provided by this office.

I fully understand the above and consent to chiropractic spinal x-rays.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pregnancy Release**

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and her associates have my permission to perform an x-ray evaluation. I have been advised that x-rays can be hazardous to an unborn child.

Date of last menstrual period: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_