

Rocky Mountain Pain & Joint Center

109 E. 1600 N. North Logan, UT 84341 | 435.563.6363

Patient Information

Full Name _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ Email Address _____
Age _____ Circle one Sex: M F Circle one: Married, Single, Divorced, Widowed, Seperated

Spouse Information

Full Name _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ Email Address _____
Age _____ Circle one Sex: M F Circle one: Married, Single, Divorced, Widowed, Seperated

Responsible Party Information

Full Name _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ Email Address _____
Age _____ Circle one Sex: M F Circle one: Married, Single, Divorced, Widowed, Seperated

Employer Information

Full Name _____
Address _____ City _____ State _____ Zip Code _____
Phone _____

Insurance Information

Primary Ins. _____ ID # _____
Secondary Ins. _____ ID # _____

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Dr. Ferguson provides a broad range of services: Chiropractic, acupuncture, diagnostic massage and rehabilitation exercises. The procedures are described for you below. Please read through and if you have any questions or concerns ask one of our friendly staff members. If you know you don't want any of these services, please inform the staff.

Orthopedic Evaluation

This is western diagnostic procedure. It includes palpation or touching as well as standard test to evaluate the nerves muscles, ligaments, bones and joint of the body.

X-Ray

Diagnostic imaging is used to rule out disease pathology, evaluate fracture concerns, and to assess other possible diagnosis.

Rehabilitation Exercises

These are recommended to strengthen and improve your health. Generally, they include posture as well as specific exercises for your condition.

Diagnostic Massage

An evaluation of spasms, tenderness, swelling, scar tissue, deformities, etc. Some patients are asked to put on a gown or shorts for better accessibility to areas of pain or concern, for therapies and evaluation.

Non-Surgical Disc Decompression

Spinal decompression therapy is a non-surgical treatment for herniated, or bulging discs, and musculoskeletal conditions in the neck and back.

Manipulation/Mobilization

Many forms of mobilization and manipulation are performed on joints of the body. This includes the standard manual distraction, traction table, activator, Thompson drop or passively moving joints.

Acupuncture

This is based on restoration of the body's natural healing energy and can aide the body in the healing process. The power to restore this energy is stimulated by placing small, sterile needles into the skin and musculoskeletal tissue.

Physical Therapy Modalities

These include Ultrasound, Electrical Stimulation, Spinal Traction, Cold Laser and many other therapeutic modalities. These therapies assist in the healing process. Providing rapid cell growth faster wound healing, increased metabolic activity, reduced fibrous tissue formation, anti-inflammatory action, increased vascular activity and stimulate nerve function. These integrative therapies assist in restoration of injured and damaged nerves, tissues and inflammation.

Homeopathic and Ozone Injections

Injection therapy is an effective way to regulate inflammation, reduce pain and increase range of motion in muscles and joints. Delivering oxygen and other natural nutrients into damaged and congested tissue that allows the cells and nerves to heal much more rapidly without the side effects and risks associated with other forms of chemical irritant injections such as cortizone steroid injections.

I have read and agree to the use of the above services.

Printed Name _____

Signature _____ Date _____

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Have you had previous chiropractic? Y or N. If so who did you see? _____

Why did you discontinue service with them? _____

List any major medical treatment that you have received in the last year as well as any procedures that pertains to your treatment in our office today. _____

Mark all the apply:

___ Surgery, if so explain? _____

___ Car Accidents, if so explain? _____

___ Job injuries, if so explain? _____

___ Fractures or broken bones, if so explain? _____ so

___ Falls, if so explain? _____ so

___ Serious illness, if so explain _____

Family History:

___ Back Problems

___ Cancer

___ Heart problems

___ Arthritis

___ Diabetes

___ Other, if so explain _____ so

Present symptoms: (Check all that apply)

___ Headache

___ Back pain/stiffness

___ Fainting

___ Vision problem

___ Head seems heavy

___ Neck pain/stiffness

___ Tingling in arms

___ Tingling in legs

___ Tingling in toes

___ Numbness in arm/hands

___ Numbness in legs/feet

___ Other, explain _____

Recent Date of Injury _____

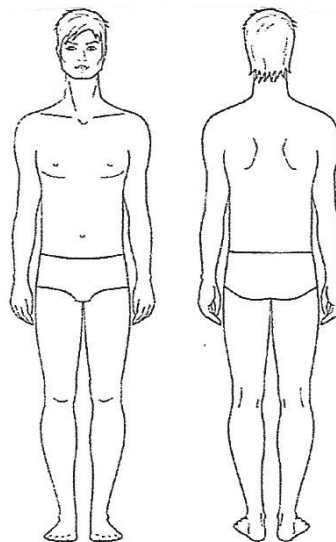
Describe _____

Patient Name: _____

Patient Signature _____

Date: _____

Mark All Areas of Pain



Current Pain Level

1 2 3 4 5 6 7 8 9 10

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Financial Policy

We invite you to discuss frankly with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and patient. Rocky Mountain Pain & Joint Center provides services to you...not your insurance company. Because of this fact you are responsible for payment of any bill incurred in this office. We cannot provide services assuming that the insurance company will come through with payment. As a courtesy to you we will bill your primary company for charges incurred in this office. If payment has not been made by your insurance company within 60 days, we will expect you to pay the balance in full. It will then be your responsibility to collect from your insurance company. We will also be happy to send a bill to your secondary insurance. You are responsible for all deductibles and charges not covered by your insurance. Please understand that we cannot, as a third party, become involved in any prolonged insurance negotiations. That is your responsibility. Please contact your insurance company to inquire if we are a provider for your insurance. You will also be responsible for finding out about your chiropractic coverage, visit limitations, non-covered items and deductibles.

If, we are treating you for injuries you received in an auto or work related accident we would be happy to submit your claim to your insurance company. However, it is your responsibility to be in contact with your claims adjuster and make sure that your bill gets paid. You will want to make yourself aware of any PIP or visit limitations your insurance may have on your coverage. Services provided after PIP coverage/visit limitations have been exhausted will be the responsibility of the patient.

All co-payments and/or percentages that your insurance required you to pay must be paid at the time of the visit. If you do not have insurance coverage for our services payment must be made in full at the time of service unless other prior arrangements have been made. We accept cash, personal checks, HAS and flex spending cards, and credit card payments.

Any account that has been left unpaid after 60 days will be charged and interest rate of 1.5% monthly (21% annually) or a minimum fee of \$5.00. In the event that an account is left unpaid the undersigned agrees to pay the cost charged by our collection agency (50% of the unpaid balance) and all limited reasonable attorney's fees.

I agree to and understand the above financial policy.

Printed Name _____

Signature _____ Date _____