



Dr. Sandy Baird, DC
3409 Grand Ave #5
Oakland CA 94610
510-465-2342

Patient Intake Form

Kindly fill out the following information as completely as possible so that we may better serve you.

Full Name: _____ Date: _____

Gender pronouns: _____ Birth Date: _____

Address: _____

Email: _____ Phone: _____

Emergency contact name and phone number: _____

Are you seeking help today as a result of an auto injury or workplace accident? No _____ Yes _____

If YES, please input all details below that are relevant to your auto insurance or worker's compensation claim. Worker's compensation injuries require a pre-authorization letter. We do not bill auto insurance or do liens for MVAs. Payment due at the time of service. We provide receipts if you'd like to attempt reimbursement from your auto insurance company.

What is the main problem area you would like your chiropractor to assess and help you with?

Have you seen a chiropractor in the past for this condition? If you have been given a diagnosis or explanation for your problem by another provider (DC, PT, MD, etc.) please outline it here:

How is this issue affecting you? Are there movements or activities you cannot perform? Is it getting in the way of sleep/work/exercise/recreation?

What is your sense of what would be most helpful to start shifting this problem and what have you tried so far?

What are your goals and expectations for treatment? ie. what would you hope to gain from sports chiropractic treatment and how long do you expect it will take to resolve your injury?

How much time per day or per week are you willing to dedicate to home exercises the doctor may prescribe to help resolve and manage your injury?

Health History

Please list all prescription and non-prescription medications you take as well as the associated condition:

Please list any physical trauma (motor vehicle accidents, sports injuries, broken bones) you have experienced in the past:

Are you experiencing any other health challenges that you would like Dr. Baird to know about?

Are you allergic to anything?

Are there any major diseases such as cancer, diabetes, heart problems, bone/joint diseases that run in your family? If so, please describe.

What does your current exercise or movement practice look like?

Are you currently pregnant? If so, how many weeks?

Additional comments or information you'd like the doctor to know:

Informed Consent to Chiropractic Treatment:

The nature of chiropractic treatment: The doctor will use their hands or a mechanical device in order to move your joints. You may feel a "click" or "pop", such as the noise when a knuckle is "cracked", and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, manual therapy, electric muscle stimulation, therapeutic ultrasound or dry hydrotherapy may also be used.

Possible Risks: As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include fractures of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

Probability of risks occurring: The risks of complications due to chiropractic treatment are classified as "rare," occurring about as often as complications are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke, has been estimated at one in one million to one in twenty million, and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered "rare."

Alternatives to chiropractic treatment may include the following:

Over-the-counter analgesics. The risks of these medications include irritation to stomach, liver and kidneys, and other side effects in a significant number of cases.

Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.

Hospitalization in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.

Surgery in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of remaining untreated: Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I have read the explanation above of chiropractic treatment. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Printed name: _____ Date: _____

Signature: _____

Office Policies

Office Hours: Dr. Sandy Baird, DC is available to see patients Monday 8-1pm, Tuesday 2-7pm, Wednesday 8-11am and 2-7pm, and Friday 2-7pm by appointment only. Online booking is available.

Appointment rescheduling policy: In order to provide the best care to all patients, please provide 24 hours notice if you are unable to make your appointment. We do not double-book, your appointment slot is held for you, and you only. We do our very best to start all appointments on time, and a missed appointment means someone else was not able to receive care during that time slot. Special circumstances aside, **a \$90 missed appointment/late cancellation fee will be charged if we do not receive 24 hours notice of cancellation.**

Payment policy: Payment is due at the time of service by cash, check, or credit/debit/FSA/HSA card. To ensure the best quality of care to our patients, we are out of network with all insurances. We can provide upon request a detailed receipt (Superbill) that you can use to attempt reimbursement from your insurance company of any out-of-network chiropractic benefits that you may have.

I understand and agree to Riverstone Chiropractic's office policies:

Printed name: _____ Date: _____

Signature: _____

HIPAA

The HIPAA notice (a description of how your medical information is used and disclosed and how you can get access to this information) is viewable at <https://riverstonechiropractic.com/wp-content/uploads/2021/09/Riverstone-Hipaa.pdf>. Paper copies are also available in our office.

I have reviewed the HIPAA policy:

Printed name: _____ Date: _____

Signature: _____