Date of Call :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIrth date/Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are we seeing you for?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Related to Accident/work Injury    Y or N   If yes, get additional info for claim and give instruction to fill out PI  info on Silkone.

Checking Insurance for you?  Ins   Cash    NP Appt time/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Info to give Patient:

\*hope, confidence, excitement!!!!

\*Address/Location/Directions

\*MUST HAVE PAPERWORK DONE BEFORE!

\*Tell them what to expect – We will take their history, perform a thorough spinal exam and doctor will go over them a summary of their findings.

 Initials of who took the call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

After the call

1. \_\_\_\_\_\_\_\_Entered in S1

**Reception**:

1. Check that the Intake Form are fully completed and signed \_\_\_\_\_\_\_\_\_\_\_\_
2. If they have insurance, get card & photocopy it.    
   Circle status of insurance below: Made Copy Said No Insurance Would Not Give Unsure Not With Them? (See step 4)
3. If insurance card is not with them, fill out No Insurance Card Form \_\_\_\_\_\_\_\_\_\_\_\_    
      
   **Patient Educator:** Exam Doctor

5. Conduct Day 1. Day 1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Q NQ

6. Circle to charge for Day 1/ send for X-ray :

7. If noted above, take payment and record

8. Schedule for the Report of Findings - Date:\_\_\_\_\_\_\_\_\_\_\_

9. Route person’s file to doctor

**Chiropractor:**

10. Review all patient information

11. Complete all standard reports   
 Area? Up. Neck Low. Neck Upperback Midback Lowback Sacrum Phase?0 1 1.5 2 2.5 3   
 Area? Up. Neck Low. Neck Upperback Midback Lowback Sacrum Phase?0 1 1.5 2 2.5 3

**DOCTOR’S RECOMMENDED CARE PLANS FOR PATIENT**

12. Treatment Plan:  3x/week for \_\_\_\_\_\_\_\_\_\_ weeks- 2x/week for \_\_\_\_\_\_\_\_\_\_ weeks - 1x/week for \_\_\_\_\_\_\_\_\_\_ weeks - Every other week for \_\_\_\_\_\_\_\_\_\_ months  
 \_\_\_\_\_\_Same as OB after relief care  
 \_\_\_\_\_\_3x/week for 6 visits then rescanReXM: #1\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_ Renewal RExAm Doctor’s recommended products or therapies:  Cervical Fulcrum Cervical Pillow Lumbar Fulcrum NONE Laser Massage Foam Roller Infant Probiotic Regular Probiotic

13.\_\_\_\_\_\_ Route to Insurance Manager

**Insurance Manager:**

14. \_\_\_\_\_Make sure insurance verification has been done and entered in this file and encounter.  
15. \_\_\_\_\_Circle case type: Cash- Chirohealth- Package - Insurance -State HIP- Non state HIP – Medicaid-Medicare-PI   
16. \_\_\_\_\_Note person’s insurance benefits: Deductible\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chiro Visits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PT visits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
17. \_\_\_\_\_Complete Financial Worksheet for patient   
18. \_\_\_\_\_Route file back to Patient Educator for Report of Findings

-End of Routing Form-