DR. MARC SCHWARTZ, D.C., CCN, C.C.S.P.
Applied Kinesiology – Clinical Nutrition

The Pavilion – 261 Old York Rd.
Suite 534 – Jenkintown, PA 19046
(215) 881 - 9700 Fax (215) 881 - 9715

Date:_____

Patient Information Form

Name_____ **Date of Birth**_____

Address_____

City_____ **State**_____ **Zip**_____

Phone (Home) _____ **(Cell)** _____ **(Work)** _____

E-mail_____

Sex_____ **Age**_____ **Height**_____ **Weight**_____ **Social**_____-_____-_____

Marital Status_____**Occupation**_____

Primary Care Physician_____ **Phone**_____

Pharmacy Number_____

Chief Complaint – Primary reason you are seeking treatment:

_____

_____

Secondary Complaints _____

Prescription Medications you are currently taking:

_____ _____ _____

_____ _____ _____

Allergies to Medications:

_____ _____ _____

Emergency Contact Information

Name_____ **Phone**_____

Health History

Are you taking any of the following medications?

☐Nerve Pills	☐Pain Killers (including Aspirin)	☐Muscle Relaxers
☐Blood Thinners	☐Tranquilizers	☐Stimulants
☐Insulin	☐Other(s)_____	

Have you ever had/have any of the following diseases or conditions?

☐Heart Attack/Stroke	☐Heart Surgery/Pacemaker	☐Heart Murmur
☐Congenital Heart Defect	☐Mitral Valve Prolapse	☐Artificial Valves
☐Alcohol/Drug Abuse	☐Venereal Disease	☐Hepatitis
☐HIV/AIDS	☐High/Low Blood Pressure	☐Cancer
☐Frequent Neck Pain	☐Emphysema/Glaucoma	☐Anemia
☐Psychiatric Problems	☐Fainting/Seizures/Epilepsy	☐Asthma
☐Kidney Problems	☐Diabetes/Tuberculosis	☐Chemotherapy
☐Sinus Problems	☐Difficulty Breathing	☐Arthritis
☐Lower Back Problems	☐Artificial Bones/Joints	☐Ulcers/Colitis
☐Shingles	☐Severe/Frequent Headaches	☐Rheumatic Fever

- We invite you to discuss with us any questions regarding our services. The best health services are based on friendly, mutual understanding between the provider and the patient.
- Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made with the business manager. If account is not paid within 90 days of the date of services and no financial arrangements have been made, you will be responsible for legal fees, collections agency fees, and any other expenses incurred in the collection of your account.
- I authorize the staff to perform any necessary services needed during diagnosis and treatment. I also authorize the provider, or managed care organizer, to release any information required to process insurance claims.
- I hereby authorize assignment of my insurance rights and benefits directly to the provider, Dr. Marc Schwartz, for services rendered. By participating with my health plan this does not guarantee payment and therefore, I understand that I am ultimately responsible for professional services rendered.
- I understand the above information and guarantee this form was completed correctly to the best of my knowledge and understand it is my responsibility to inform this office of any changes to the information I have provided.

_____ _____

Signature Date

☐Adult ☐Parent or Guardian ☐Spouse

Marc Schwartz, D.C., CCN, C.C.S.P.

Consent Agreement

Consent to the Use and/or Disclosure of Health Information for Treatment, Payment of Healthcare Operations

I_____, understand that as part of my treatment and care, this office creates and maintains health records describing my medical history, symptoms, examination and test results, diagnoses, treatment and any plans for future care and/or treatment. I understand that this information serves as:

1. A basis for planning my care and treatment.
2. A means of communication among the many healthcare professionals who contribute to my care.
3. A source of information for applying my diagnosis and surgical information to my bill.
4. A means by which a third-party payer can verify that services billed were actually provided.
5. A tool for routine healthcare operations such as assessing quality and reviewing the competence of our staff.
6. To discuss your test results and treatment plan.

I understand if I wish to obtain a copy of the Office's Notice of Privacy Practices that provides a more complete description of information uses and/or disclosures, one will be made available for me. I understand that I have the right to review the Notice prior to signing this consent. I understand that this Office reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised Notice to the address I've provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that this Office is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except that for actions taken by this Office in relying on such information.

I understand and authorize, that at times it will be necessary for this Office to call my home or place of business, and leave messages on an answering machine, voice mail or Email.

I fully understand and accept decline the terms of this consent.

_____ _____

Patient's Signature Date

Total Wellness Center 261 Old York Road Jenkintown, PA 215-881-9700

Dr. Marc Schwartz D.C., CCN, C.C.S.P.

Nutritional Informed Consent

According to the Federal Food, Drug and Cosmetic Act, as amended Section 201 (g)(1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."

A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy.

Although a Vitamin, Mineral, Trace Element, Amino Acid or Herb may have an effect on any disease process or symptoms, this does not mean that it can me misrepresented or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and bio-mechanical process of the human body.

Dr. Marc Schwartz is a Chiropractor and Certified Clinical Nutritionist. He is NOT a medical doctor. It is his recommendation that you continue to consult with your primary care physician and NOT use his services as a substitute for traditional medicine.

What to expect on your visit

Almost every visit to Dr. Schwartz will begin with a thorough Applied Kinesiology analysis and adjustment. This is an extremely gentle technique that starts with the cranial bone and involves adjustments to the skull, neck, mid back and pelvis. The extremities are also tested and adjusted as needed. After the chiropractic adjustment, muscle work and nutritional analysis is performed, if necessary. Any medical procedures performed in our office are performed by a licensed medical doctor.

Hour long massage therapy is available for both therapeutic and relaxation needs. Hour long massages are not covered by insurance and separate payment arrangements need to be made for such services.

I have read and understand the above information.

Print Name _____ Signature _____