

Touch Chiropractic
Dr. Dina Keon, D.C.
2025 Hurley Way, Suite 110
Sacramento, CA 95825
Tel: 916-487-3007
www.TouchChiro.com

Welcome!

Thank you for your interest in your health and healing, and in learning more about your body. We are excited to meet you and to be a part of your health and wellness team!

At Touch Chiropractic you will discover the amazing healing power of your own body while gaining long-term strategies and tools for optimizing your health and boosting your energy.

Clinical work and scientific studies have shown that people who receive regular Network care enjoy:

- Better posture, and spines that are softer and more supple
- Improved overall physical vitality: more energy, greater flexibility, reduced chronic pain, fewer colds/flu and headaches
- Greater ability to cope with stress in the areas of health, family, relationships, and work
- Improved emotional and psychological well-being
- Overall quality of life improvement

Your initial visit to Touch Chiropractic will include a comprehensive consultation and history evaluation, an examination of your spine and the surrounding soft tissues, and your first gentle adjustment with Dr. Dina Keon.

To prepare for your initial office visit, please follow this checklist:

- Thoroughly complete & sign the Comprehensive Health Profile before coming to the office.**
- Read, sign, and date the Terms of Acceptance in This Office.**
- Bring your insurance card to your appointment.**
- Plan to spend up to 60 – 90 minutes in the office for your initial visit.**
- Please arrive 10 minutes before your scheduled appointment time.**
- Please refrain from wearing all scented perfumes/colognes.**

Your journey towards greater health begins with the first gentle adjustment of your nerve system. This consists of specific touches to your spine and adjacent soft tissues. No matter where you are in your experience: whether you wish to address a particular symptom or a disease, or if you're at a crossroads in your life and need our help, or perhaps you're interested in taking your health to new levels, we're here to help.

We look forward to meeting you for your initial evaluation.

Warmest regards,



Dr. Dina Keon, D.C.

P.S. Please remember to bring your completed paperwork with you

Comprehensive Health Profile

Touch Chiropractic and Wellness Center

Today's Date: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Phone: _____ Work: _____ Cell: _____

Date of Birth: _____ Age: _____ M _____ F _____ Marital Status: _____ No. of Children: _____

Email: _____ Insurance: _____ Medicare: Yes No

Who referred you to our office? _____

Please complete this general history survey, as it will provide your doctor with important information to understand your history, your present and longer term needs, and any compromise to your wellness or life quality.

Part 1: Your Health Concerns or Symptoms and How They May Affect Your Life

1. What are you seeking help with? _____

2. When did this situation or concern begin? _____

Is the current concern: Work Related Auto Accident Related N/A

3. Have you done anything about this situation or concern or gotten any advice or treatment for it? Yes _____ No _____

If yes, what were you told? _____

4. What was done? _____

5. Did it seem to work? _____

6. After treatment was there anything different about you, your condition or your concern about the symptoms or condition? _____

7. Please grade the level to which this health concern (s) affects these aspects of your functioning/quality of life.
0 – It does not seem to affect me. 1 – slightly 2 – moderately 3 – drastically

Effect on work	0 1 2 3	Effect on recreation/play	0 1 2 3	Effect on rest/sleep	0 1 2 3
Effect on social life	0 1 2 3	Effect on walking	0 1 2 3	Effect on sitting	0 1 2 3
Effect on exercise	0 1 2 3	Effect on eating	0 1 2 3	Effect on love life	0 1 2 3

8. How aware of this are you during the day? 0 1 2 3 At night? 0 1 2 3

9. Is there any activity you can be involved with when you totally forget about this condition, symptom or concern? _____

10. Is there any time of day or activity which makes you more aware of it? _____

11. Why do you think this has happened or continues to happen to you? _____

12. If this condition or symptom were to go away tomorrow, what would be different about your life? _____

13. What other health concerns, conditions or "diagnoses" do you have? _____

14. What are you doing about them? Exercise, drugs, diet change, other? _____

Part II: Health/Trauma/Medical/Chiropractic and Healing History

1. Have you ever injured your spine (neck, head, back, pelvis)?

a) Date of *most significant* injury: _____

b) What happened? _____

c) Date of *most recent* injury: _____

d) What happened? _____

2. Have you had a work/vehicular accident related injury or any injury which may involve a lawsuit or an attorney?

Please describe _____

3. Please list medications (prescription or over the counter) you have taken within the past 60 days: _____

4. In the past, have you taken other medications for a period of more than 3 months? Yes _____ No _____

a) What did you take? _____

b) What was the reason for taking this medication? _____

5. Have you had any spinal x-rays, CAT scans or MRI imaging of your head, neck, back, pelvis or hips?

Yes _____ No _____ When? _____

6. What were you told about them? _____

7. Where are these films now? _____

8. Have you had any surgeries? Please provide date & nature of surgeries: _____

9. Have you broken any bones, or significantly sprained part of your body? Yes _____ No _____

Please explain: _____

10. Please list any herbs, nutritional supplements or natural remedies you take regularly: _____

11. Has your spine ever been professionally adjusted? Yes _____ No _____

a) By whom and when? _____

b) Why did you go? _____

c) Are you still going? Yes _____ No _____

d) What did he/she do for you? _____

e) Were you pleased with the results? Yes _____ No _____

f) Does anyone in your family receive chiropractic care? Yes _____ No _____

12. Do you consult with a physician for other than routine evaluations? Yes _____ No _____

a) When was your last visit? _____

b) What was the reason for the visit (s)? _____

c) What was done or suggested? _____

d) How did that work? _____

13. Have you had experience with the following health, treatment or healing modalities? If so, please describe when you went, for how long and what the results were.

Massage/Bodywork/physical Therapy _____

Emotional Therapy/Psychotherapy _____

Osteopathy/Craniosacral _____

Music/Dance/Sound/Light/Aromatherapy _____

Homeopathy/Ayurvedic Medicine _____

Oriental Medicine/Acupuncture _____

Nutritional Counseling/Herbalist _____

Rebirthing/Breathwork _____

Yoga/Movement/Tai Chi/Chi Gong _____

Other _____

14. Do you have a current exercise, meditation, prayer, nutritional or dietary program? Please describe: _____

15. When stressed, how do you "center yourself" or re-group"? _____

16. Is there some aspect of your life that very much pleases you, brings you joy, or helps your to feel better about yourself? _____

17. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel impair your opportunity for full glowing health? _____

18. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel give you an edge or adds to your health? _____

19. What would motivate you to tell others about the care you receive in the office and encourage others to seek care here? _____

Part III: Stress Survey: Please grade the following stresses in order of increasing intensity.

0 – no stress 1 – slight stress 2 – moderate stress 3 – extreme stress

1) Overall Physical Stress, Trauma: 0 1 2 3 Includes: falls, accidents, injuries, repeated postural stress impacts, difficult birth, traction, physical abuse.

2) Overall Emotional/Mental: 0 1 2 3 Includes: loss of loved ones, rapid change in life situation, mental, emotional sexual abuse, legal or financial concerns, move, separation/divorce etc. in relationship, stress of being ill.

3) Overall Chemical Stress: 0 1 2 3 Includes: drugs, smoke, fumes, food additives etc.

Thank you for choosing our Network Chiropractic office. We look forward to helping you have successful experiences with your ability to develop a healthy spine and nervous system. We are excited about the possibility of assisting you in achieving greater health and wellness.

I fully understand and agree that all services rendered are charged directly to me and I am directly responsible for payment at the time services are rendered. In the case of any dispute regarding services, I agree to submit said dispute to arbitration.

Patient or responsible party's signature _____ Date _____

INFORMED CONSENT TO CHIROPRACTIC CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various physical therapy modalities, exercise, nutritional supplementation, and diagnostic x-rays (if applicable), on me (or on patient named below, for whom I am legally responsible) by the doctor of chiropractic named below and/or other licensed doctors of chiropractic and extern preceptees (final licensure pending) who now or in the future treat me while employed by, working or associated with, or serving as back-up doctor for the doctor of chiropractic named below, including those working at the clinic or office listed below or any other office or clinic. The primary purpose of said interventions will be for the treatment of neuromusculoskeletal conditions and complaints, and supportive treatment for the overall improvement of physiologic health.

I understand that I have the opportunity to discuss with the doctor of chiropractic named below and/or with other office personnel the nature and purpose of chiropractic adjustments and other procedures prior to engaging in them. I understand that, as with any medical intervention, results are not guaranteed.

I understand and am informed that, as with medicine, in the practice of chiropractic there are some risks to treatment. Albeit rare, these risks include, but are not limited to, fractures, disc injuries/herniations, strokes, dislocations, and tissue injuries (sprains/strains). Due to the complex nature of the human body, as well as variations in pre-existing conditions, patient age, personal and work history, among other factors, I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgement during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

Furthermore, I understand and acknowledge that other treatment options may exist for my condition, including, but not limited to rest, acupuncture, physical therapy, medical care, medications, hospitalization, and surgery. I understand that, should I choose to use other treatments, I should discuss them with my medical doctor or other provider. I further understand that it is in my rights to refuse chiropractic care but, in doing so, I risk not obtaining the benefits inherent in chiropractic treatment, such as improvement of neuromusculoskeletal health, enhanced joint flexibility and movement, improved injury healing and pain relief.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any future condition(s) for which I seek treatment.

Printed Name of Patient

Signature of Patient

Date

Signature of Patient's Representative

Date

Witness to Patient's Signature

Date

Translated By

Date

Names of Treating Chiropractors:
Jeff J. Keon, D.C.
Dina White-Keon, D.C.

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TERMS OF ACCEPTANCE AND OUR INTENTION

STATEMENT OF CLINICAL OBJECTIVES

This document defines Dr. Dina J. Keon's intention - what we do and what we do not do in this office. **It is very important that you take a moment to fully read this document in its entirety.** This will clarify our responsibilities and your responsibilities in our working relationship.

We recognize that there is an intelligence within each individual that not only keeps us alive, but coordinates, repairs, renews, and heals every cell of the body.

The nervous system is the main distribution center and coordinating system for this life power.

We acknowledge that there may exist an internal interference with the flow of this life power.

We recognize that proper coordination, repair, healing, locomotion, motivation, and genetic potential are not expressed when this life power is blocked, and that tension in our nervous system blocks this life power.

Network Chiropractic adjustments release the tension in the nervous system, enhancing its capacity to carry this life power.

We acknowledge that *everyone*, in spite of his or her symptoms or ailments, can benefit from a nervous system that is more flexible, elastic, and able to grow and develop without the interfering effect of adverse mechanical spinal cord tension.

Symptoms are not necessarily a sign of illness. They also serve to alert you of the need for change.

We recognize the specific location of symptoms does not tell the specific location of spinal cord tension, and the severity of symptoms is not consistently related to the severity of such tension.

We do not name or treat symptoms, conditions, or ailments. We do not state directly or imply that any specific adjustment or series of adjustments will affect any condition you may have.

We acknowledge that there are many professions that attempt to make you more comfortable by treating your conditions.

If you have a symptom, condition, or ailment about which you are concerned, we suggest you consult with a disease or symptom care specialist. We may be able to assist you with a referral.

It is important to understand that the purpose of the adjustment is to allow the innate wisdom of your body to fully express itself. Drugs, such as tranquilizers, muscle relaxants, anti-inflammatory compounds, beta-blockers, hypertensive medications, and pain blocking compounds, by their very intent, interfere with the normal function of your nervous system.

We will not venture into the practice of medicine by telling you to take or not to take any specific treatment. We feel it is your responsibility to speak with your physician to determine the objective of ingesting any drug or receiving any treatment, and determine if this is consistent with your desire for healing and wellness. As the adjustments help your body normalize, the body's chemistry changes. You should seek the physician's consult in potential reduction of medication levels. Naturally, medication levels for a non-flexible body, stuck in sickness, are not the same for a body on the road to wellness.

We choose to help each individual member of this practice achieve a greater level of wellness, elasticity, personal growth and development, by initiating the process of reduction of nerve interference and spinal cord tension.

By my signature below, I acknowledge I have read the above statements and understand the content. I choose to receive Network Chiropractic care at Touch Chiropractic to enhance my body's ability to heal. **Although symptoms and ailments often undergo marked changes with care, I understand the adjustments I receive in this office are not a treatment of any condition, symptom, or ailment other than spinal cord tension.** I also understand I am not being discouraged from seeking the services of any other type of practitioner.

Print Name _____

Signature _____

Date _____

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Directions to Touch Chiropractic

From Highway 50:

Exit Howe Ave / Power Inn Rd and go North on Howe Avenue. Travel approximately 2.7 miles to Hurley Way. Turn **L** on Hurley. Turn **R** into the parking lot at 2025 Hurley Way. Our office is inside the small brick building. Walk through the lobby to the back and you'll find Touch Chiropractic. Suite # 110

From Downtown/Business 80:

Option 1: Take Business 80 towards Reno. Exit on Exposition Blvd. Go East on Exposition for approximately 2 miles. Exposition veers to the right and becomes Ethan Way. Stay **R** to follow towards Ethan Way (parallels Cal Expo). Travel approximately 1 mile on Ethan towards Hurley Way. Turn **L** on Hurley Way. Get in the left hand turn lane and turn into the parking lot at 2025 Hurley Way. Our office is inside the small brick building. Walk through the lobby to the back and you'll find Touch Chiropractic. Suite # 110

Option 2: Take J Street East until it becomes Fair Oaks Blvd. Continue along until you reach Howe Avenue. Turn **L** on Howe Avenue. Go approximately 1 mile and turn **L** on Hurley Way. Turn **R** into the parking lot at 2025 Hurley Way. Our office is inside the small brick building. Walk through the lobby to the back and you'll find Touch Chiropractic. Suite # 110

From Interstate 80:

Exit Watt Ave and travel South to Hurley Way. Turn **R** on Hurley Way. Travel approximately 2 miles towards Howe Avenue. After crossing Howe Avenue, our office is on the right hand side at 2025 Hurley Way. Our office is inside the small brick building. Walk through the lobby to the back and you'll find Touch Chiropractic. Suite # 110