

Dr. Thomas Cristello, Chiropractor PC

Welcome to the office of Dr. Thomas Cristello, DC

Welcome to our office. Our aim is to give you the highest level of care in all aspects of your health. Our objective is to help you reach your goals, whether they are pain relief, muscle strengthening, dietary support or any other goal you may have set. The primary services offered here are Chiropractic Care, Massage Therapy, and Nutrition Evaluation and Support. Each of these services is provided by Dr. Cristello himself.

In order to help give you the highest level of care, please be as open as you can about what brings you in. Be as specific as you can about your goals. Let Dr. Cristello know what you have been doing for it up to now.

In our experience, we have found that there are some patients who do exceptionally well. By keeping updated and informed, these patients are able to excel at meeting their goals. As a way to support you in your healthcare and allow you to exceed your expectations, we have set up several tools. All of these are completely free and you can choose to utilize any, all or none of these. They are there for your benefit.:

1. For general information about this practice and Chiropractic, you can go to our website:

www.dr cristello.com/website

2. For information on current health topics, we have set up a blog:

www.dr cristello.com

4. To be informed of special discount programs, seminars, events, workshops, video releases, or for regular blog updates, or health products that I have discovered and believe in, you can sign up for our **Free Newsletter** on either the blog page or website. You will be able to unsubscribe at any time.

We look forward to providing you with outstanding service. And if at any time you are concerned or unhappy about your experience here, please feel free to let us know, and we will make every effort to make this the best healthcare experience you have ever had. In order to facilitate this, we may periodically send out Surveys which you are free to remain anonymous on.

Sincerely,

Dr. Thomas Cristello, DC

Dr. Thomas Cristello, Chiropractor PC

Chiropractic Case History

Name _____ Gender M F Date _____

Address _____ Apt. _____ City _____ State _____ Zip _____

H. Phone _____ W. Phone _____ Cell Phone _____

Date of Birth _____ Age _____ How were you referred here _____

Social Security # _____ E-mail _____

Occupation _____ Employer _____

Marital Status _____ Spouse/Partner _____ Phone _____

Emergency Contact Name _____ Phone _____

Please list any other Health care providers you are seeing for this condition.

Provider's Name	Provider's address	Phone
_____	_____	_____
_____	_____	_____

Have you ever received Chiropractic Care? Yes No If yes, when & reason _____

Primary reason for seeking chiropractic care:

Complaint Began when and how?

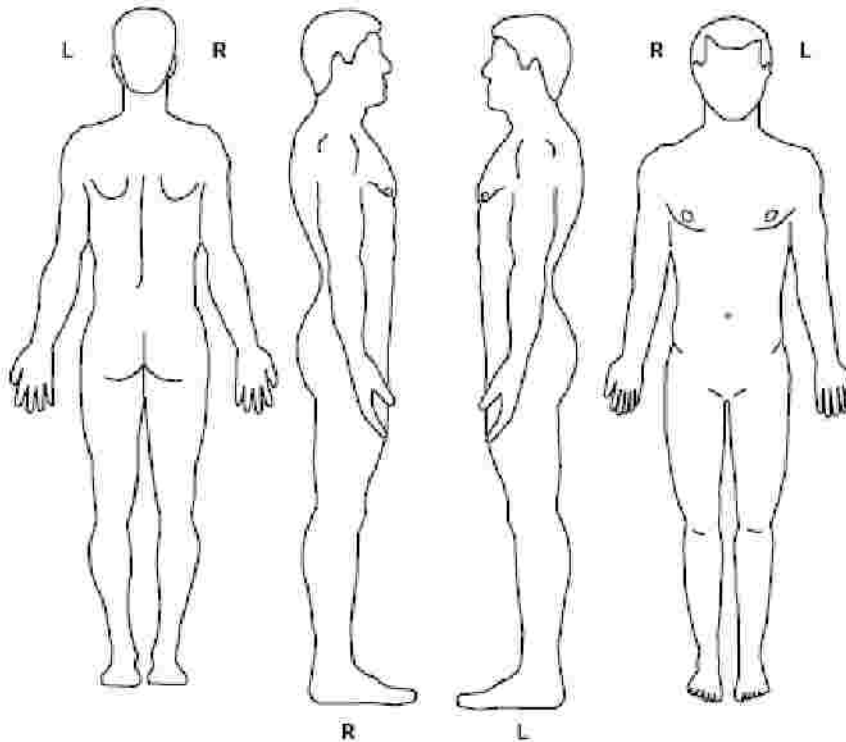
Medications? _____

Are you interested in a Nutrition Assessment/Evaluation related to your condition or diet? Yes _____ No _____

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Mark where you are experiencing symptoms on the figure below.

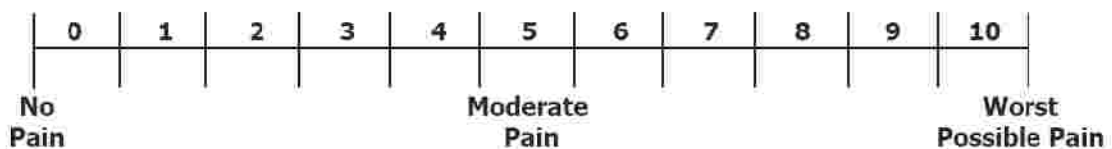
Name _____ Date _____



Mark as follows:

A - Ache B - Burning N - Numbness P - Pins & Needles
S - Stabbing O - Other - Describe _____

Mark an X in the box below the number indicating your level of pain.



928 Broadway, Suite 904 ~ New York, NY 10010 ~ Phone (212) 375-9802 ~ Fax (212) 375-9931 ~
Email: tom@dr cristello.com ~ Web Page: www.dr cristello.com

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Review of Systems

Patient Name _____ Date _____

Please check (P) for Past or (C) for Current (if it doesn't apply, leave it blank)

P C General History

- Trauma/Injuries
- HIV positive
- Allergies
- Malaise/Fatigue

P C Family History

- Diabetes
- Thyroid
- Tuberculosis
- Kidney Disease
- High Blood Pressure
- Heart disease/Stroke
- Musculoskeletal disease
- Cancer

P C Eye/Ear/Nose/Throat

- Ringing in ears
- Dizziness
- Ear Pain
- Change in ability to smell
- Sinusitis

P C Urinary System

- Pain on urination
- Difficulty in holding urine
- Discharge
- Urinary Tract Infection
- Kidney disease
- Pelvic Pain/Mass

P C Musculoskeletal System

- Joint stiffness/pain/swelling
- Muscle cramps/weakness/wasting
- Neck pain
- Mid back pain
- Low back/sacroiliac/tailbone pain
- Arm/Leg pain

P C Skin/hair/nails

- Rash/itching/sores
- Changes in moles/growths
- Skin cancer
- Hair loss
- Change in shape/color of nails

P C Gastrointestinal System

- Nausea/vomiting
- Indigestion/heartburn
- Diarrhea/Constipation

P C Respiratory System

- Difficulty breathing
- Tuberculosis
- Lung disease
- Cigarettes per day ____ /number of years ____

P C Endocrine System

- Thyroid problems
- Diabetes
- Other _____

P C Cardiovascular System

- Shortness of breath
- Chest pain/discomfort
- Palpitations
- Calf pain
- High blood pressure
- Heart disease
- Cardiac/pacemaker

P C Neurological System

- Seizures
- Changes in sensations
- Unusual Weakness
- Head Trauma
- Stroke

P C Breasts

- Bumps, lumps, mass
- Pain/tenderness

P C Reproductive System

- Genital lesions/sores/mass/pain
- Sexually transmitted disease
- Prostate- last exam _____
- Date of last PAP test _____

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Terms of Acceptance

When a patient seeks Chiropractic Health Care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An Adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxations. Our Chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease. We only offer to diagnose either vertebral subluxations or neuro-musculoskeletal conditions. However, if during the course of a Chiropractic spinal examination, we encounter non-Chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral Subluxations. However, we may use other procedures to _____ ody hold the adjustments.

I, _____ have read and fully understand the above statements. All the questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept Chiropractic care on this basis.

(signature)

(date)

Dr. Thomas Cristello, Chiropractor PC

Abbreviated Notice of Privacy Policy For Dr. Thomas Cristello D.C. Effective April 1, 2003

We collect your personal health information from you through treatment, payment or other means as applicable. Your personal health information is protected by federal law. Generally we do not use or disclose your information without your permission. Once permission has been obtained, we must disclose your personal health information in accordance with the specific terms of permission. The following is an outline of the circumstances under which we are permitted by law to use or disclose your personal health information. You may request a copy of the detailed privacy policy with a written request sent to: Dr. Thomas Cristello D.C., Chiropractor PC, 928 Broadway, Suite 904, New York, NY 10010.

1. Without your consent we may use or disclose your personal health information in order to provide you with services and treatments you may require or request, or to collect payment for services or and to conduct other operations otherwise permitted or required by law. We can also disclose your personal health information within and among our workforce to accomplish the same purposes.
2. As required by law we may use or disclose your personal health information to the extent that such use or disclosure as required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. All other situations, with your specific authorization. Except as otherwise permitted or required, as outlined above, we may not use or disclose your personal health information without your written permission. You may revoke your authorization at any time except in some circumstances.
4. Miscellaneous Activities, NOTICE WE may contact you to provide appointment reminders or information about treatments or other health-related benefits and services that may be of interest to you.

Your Rights with Respect to your Personal Health Information

1. Right to Request Restrictions on Use or Disclosure
2. Right to Receive Confidential Information
3. Right to Receive Confidential Communications
4. Right to Inspect and Copy Your Personal Health Information
5. Right to Amend Your Personal Health Information
6. Right to Receive and Accounting of Disclosures of Your Personal Health Information
7. Right to file a complaint with us if you believe your privacy rights have been violated. You may submit your complaint in writing by mail to our privacy officer, Thomas Cristello, D.C. within 180 days of when you knew or should have known the act of omission complained of occurred. You will not be retaliated against for filing any complaint.

We reserve the right to amend this privacy policy at any time for which we will provide you with notice within 60 days of the effective date of such revision, amendment or change.