

Deans Family Chiropractic

Dedicated to your family's good health

Advanced care for:

- Low back pain
- Neck pain
- Headaches
- Sciatica
- Whiplash
- Work-related injuries

For your convenience:

- Certified in impairment ratings
- Health care classes
- Same-day appointments available
- Evening appointments
- Most insurance accepted:
 - Blue Cross
 - Harvard
 - Tufts
 - and others

YOUR CHIROPRACTIC HEALTH STORY

Since your response to our care has been very positive, we would like to ask you to tell your health story and discuss the results you achieved from our care. Your story may show other people, who might have a condition similar to yours, how you have had help through chiropractic care. This will be an encouragement for them to try chiropractic and could be instrumental in helping them to regain their health. We appreciate your help in telling others about the health benefits of chiropractic.

- 1. What was your condition?** - In your own words tell the degree of suffering, the location of pain, length of time you had the condition, and anything else you think would be important. Use disease names when possible. If you did not come to our office in pain or with a specific condition, but started care because you wanted to improve your overall level of health and wellness, please state that.
- 2. What steps had you previously taken to get help?** - (Please do not mention other doctors names or ridicule them.) Example: "Various forms of treatment were tried and failed to give relief. I went from doctor to doctor - orthopedic specialist, nerve specialist, etc. - tried traction, took pills..." State what you have tried.
- 3. How where you referred to our office?** - Example: "Referred by a friend or former patient, newspaper advertisement, advertisement on radio, received a mailer, just heard about it, just decided to try chiropractic." If you had any doubt in the beginning, you might mention it here.
- 4. In your own words, what did Dr. Deans do?** If you would like, please comment on the examination, the spinal scans, and X-rays of the spine, what was found, what was recommended, and your response as a result of having followed this recommendation.
- 5. What are your hobbies?** - Did your condition interfere with your hobbies? If so, can you now pursue them satisfactorily?
- 6. How has your health improved?** - Mention to what extent the condition cleared up or improved and how long it took. Please mention any other improvements in your health and energy level, especially changes that you had not expected.
- 7. Words of encouragement for others** - Example: "I hope that my experience will prompt others to try chiropractic care". Or, "I am amazed at how Dr. Deans got such terrific results."
- 8. Additional request** - If possible, please attach a nice picture of you to this form. A fairly recent picture would be best, possibly showing you doing something active, such as fishing, cooking, playing golf, or sewing. Or perhaps a picture of your whole family could be used if you are all under chiropractic care. If you would like, we can take a picture of you here in the office.

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AARON S. DEANS, DC

Member: American Chiropractic Association,
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Chiropractic Association; Licensed in Massachusetts,
California and Georgia

PRIVACY NOTICE WAIVER

Federal law requires that we have a signed release from you before we may use any testimonial that you might make. This law (the HIPAA Act) protects patient privacy. By signing this waiver, you authorize our office to utilize your testimonial and photograph in printed and electronic media, such as a web site, for patient education and/or for marketing purposes.

You have the right to refuse to give us this authorization. If you do not give us authorization, it will not affect the treatment we provide to you. You may also revoke this waiver at any time you choose. This notice is effective as of _____. This authorization will expire seven years after the date on which you last received services from us.

I authorize you to use or disclose my health information in the manner described above. I am also acknowledging that I have received a copy of this authorization.

We will type this information into the form of a statement, which we will have you sign. We will also include your photograph. Please sign here to authorize the use of your story.

Patient name printed _____ **Date** _____

Patient signature _____

If patient is a minor we are required to have the parent write and sign their name authorizing the use of this information.