

Name: _____ Age: _____ Date: _____ Score: _____ - _____ Disability

NECK DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE THAT MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 - Pain Intensity</i></p> <p>A. I have no pain at the moment. B. The pain is very mild at the moment. C. The pain is moderate at the moment. D. The pain is fairly severe at the moment. E. The pain is very severe at the moment. F. The pain is the worst imaginable at the moment.</p>	<p><i>SECTION 6 - Concentration</i></p> <p>A. I can concentrate fully when I want to with no difficulty. B. I can concentrate fully when I want to with slight difficulty. C. I have a fair degree of difficulty in concentrating when I want to. D. I have a lot of difficulty in concentrating when I want to. E. I have a great deal of difficulty in concentrating when I want to. F. I cannot concentrate at all.</p>
<p><i>SECTION 2 - Personal Care (washing, dressing, etc.)</i></p> <p>A. I can look after myself normally without causing extra pain. B. I can look after myself normally, but it causes extra pain. C. It is painful to look after myself and I am slow and careful. D. I need some help, but manage most of my personal care. E. I need help very day in most aspects of self-care. F. I do not get dressed; I wash with difficulty and stay in bed.</p>	<p><i>SECTION 7 - Work</i></p> <p>A. I can do as much work as I want to. B. I can only do my usual work, but no more. C. I can do most of my usual work, but no more. D. I cannot do my usual work. E. I can hardly do any work at all. F. I cannot do any work at all.</p>
<p><i>SECTION 3 - Lifting</i></p> <p>A. I can lift heavy weights without extra pain. B. I can lift heavy weights, but it gives extra pain. C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, as on a table. D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E. I can lift very light weights. F. I cannot lift or carry anything at all.</p>	<p><i>SECTION 8 - Driving</i></p> <p>A. I can drive my car without any neck pain. B. I can drive my car as long as I want with slight pain in my neck. C. I can drive my car as long as I want with moderate pain in my neck. D. I cannot drive my car as long as I want because of moderate pain in my neck. E. I can hardly drive at all because of severe pain in my neck. F. I cannot drive my car at all.</p>
<p><i>SECTION 4 - Reading</i></p> <p>A. I can read as much as I want to with no pain in my neck. B. I can read as much as I want to with slight pain in my neck. C. I can read as much as I want to with moderate pain in my neck. D. I cannot read as much as I want because of moderate pain in my neck. E. I cannot read as much as I want because of severe pain in my neck. F. I cannot read at all.</p>	<p><i>SECTION 9 - Sleeping</i></p> <p>A. I have no trouble sleeping. B. My sleep is slightly disturbed (less than 1 hour sleepless). C. My sleep is mildly disturbed (1-2 hours sleepless). D. My sleep is moderately disturbed (2-3 hours sleepless). E. My sleep is greatly disturbed (3-5 hours sleepless). F. My sleep is completely disturbed (5-7 hours sleepless).</p>
<p><i>SECTION 5 - Headaches</i></p> <p>A. I have no headaches at all. B. I have slight headaches which come infrequently. C. I have moderate headaches which come infrequently. D. I have moderate headaches which come frequently. E. I have sever headaches which come frequently. F. I have headaches almost all the time.</p>	<p><i>SECTION 10 - Recreation</i></p> <p>A. I am able to engage in all of my recreational activities with no neck pain at all. B. I am able to engage in all of my recreational activities with some pain in my neck. C. I am able to engage in most, but not all, of my recreational activities because of pain in my neck. D. I am able to engage in a few of my recreational activities because of pain in my neck. E. I can hardly do any recreational activities because of pain in my neck F. I cannot do any recreational activities at all.</p>

COMMENTS: _____

Vernon H, Mior S. *The Neck Disability Index: A study of reliability and validity. J. Manipulative Physiol Ther* 1991; 14: 409-415.

Scoring: [0-4] - No Disability [5-14] - Mild [15-24] - Moderate [25-34] - Severe [34+] - Complete

LOW BACK PAIN AND DISABILITY QUESTIONNAIRE

(Roland-Morris)

Name: _____ Age: _____ Date: _____ Score: _____

When your back hurts, you may find it difficult to do some of the things you normally do.
Mark only the sentences that describe you today.

1. I stay at home most of the time because of my back.
2. I walk more slowly than usual because of my back.
3. Because of my back, I am not doing any jobs that I usually do around the house.
4. Because of my back, I use a handrail to get upstairs.
5. Because of my back, I lie down to rest more often.
6. Because of my back, I have to hold onto something to get out of an easy chair.
7. Because of my back, I try to get other people to do things for me.
8. I get dressed more slowly than usual because of my back.
9. I stand up only for short periods of time because of my back.
10. Because of my back, I try not to bend or kneel down.
11. I find it difficult to get out of a chair because of my back.
12. My back or leg is painful almost all of the time.
13. I find it difficult to turn over in bed because of my back.
14. I have trouble putting on my socks (or stockings) because of pain in my back.
15. I sleep less well because of my back.
16. I avoid heavy jobs around the house because of my back.
17. Because of back pain, I am more irritable and bad tempered with people than usual.
18. Because of my back, I go upstairs more slowly than usual.

Consent to Use and Disclosure of Protected Health Information

Use and Disclosure of your Protected Health Information

Your Protected Health Information will be used by ACCIDENT & SPORTS INJURY CLINIC or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of this office.

Notice of Privacy Practices

You should review the Notice of Privacy Practices for a more complete description of how your Protected Health Information may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office.

You may review the Notice prior to signing this consent. You may request a copy of the Notice at the Front Desk.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your Protected Health Information.

This office may or may not agree to restrict the use or disclosure of your Protected Health Information.

If we agree to your request, the restriction will be binding with this office. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your Protected Health Information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change privacy practice

This office reserves the right to modify the privacy practices outlined in the Notice.

Signature

I have reviewed this consent form and give my permission to to this office to use and disclose my health information in accordance with it.

Name of Patient (Print)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient

Office Representative

Date

POLICIES FOR PATIENTS

To help you receive our best, ALL patients are accepted for care based on the following policies

REFERRALS:

The greatest honor a patient can give to their doctor is the referral of their family and friends.

We promise to give your loved ones the same quality, love and attention that you receive. Thank you in advance.

PREFERRED HOURS:

The doctor has set hours for adjusting and consultations. This allows better adjustments for you with less waiting. Consultations are set times to do exams, reports, or answer questions from you and those you refer. Your questions are always welcome.

Hours of Operations are ;

Monday, Wednesday, Friday: 9:00am - 6:30pm

Tuesday, Thursday: 9:00am - 5:30pm

Lunch Hours are 12:00pm - 2pm Everyday.

APPOINTMENT SCHEDULING:

To save time, we ask that you pre-schedule all your appointments in advance. Please refrain from repeatedly rescheduling appointments within a 24 hour period.

BROKEN APPOINTMENT FEE:

As of **December 5, 2010** our policy for Broken Appointments has changed. There will be a fee of \$25 charge for "no shows" appointments, if you fail to notify us 24 hours in advance. In order to keep your progress on schedule, missed appointments need to be made up within 24 hours. If you repeatedly miss or reschedule appointments, we will regretfully have to discharge you from our care.

FINANCIAL AGREEMENTS:

It is your payment that allows us to continue providing high levels of professional care, maintain our facility, and pay our staff. If, for any reason, you can't keep your financial agreement, inform us immediately to eliminate any misunderstandings. If you have the desire to receive care in our office, we will make every attempt to make affordable arrangements.

TERMINATING YOUR CARE:

In the event you choose to discontinue your care for any reason or we regretfully find it necessary to discharge you from our care, any outstanding fees become immediately due and payable.

OCCASIONALLY

It is necessary for Dr. Mitchell to be away from the office for conferences, continuing education seminars, or vacation.

DISCOURAGEMENT:

Remember that healing and spinal correction takes time. If any time during your care, you do not feel that you are responding as well as you expected, please discuss it immediately with the doctor. We want you to get the most from your chiropractic care!

CONTACT:

Our office may periodically contact you by phone, mail, email, or text in regards to special promotions or your birthday.

I have read and hereby accept the above policies.

Date

Patient Signature

Witness