

NECK DISABILITY INDEX

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY describes your problem.**

Section 1 - Pain Intensity

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☐ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

Section 2 -- Personal Care (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self care.
- ☐ I do not get dressed, I wash with difficulty and stay in bed.

Section 3 -- Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 -- Reading

- ☐ I can read as much as I want to with no pain in my neck.
- ☐ I can read as much as I want to with slight pain in my neck.
- ☐ I can read as much as I want to with moderate pain.
- ☐ I can't read as much as I want because of moderate pain in my neck.
- ☐ I can hardly read at all because of severe pain in my neck.
- ☐ I cannot read at all.

Section 5-Headaches

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.
- ☐ I have slight headaches which come frequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have severe headaches which come frequently.
- ☐ I have headaches almost all the time.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered a significant activities of daily living disability.

(Score ____ x 2) / (____ Sections x 10) = ____ %ADL ____

Section 6 -- Concentration

- ☐ I can concentrate fully when I want to with no difficulty.
- ☐ I can concentrate fully when I want to with slight difficulty.
- ☐ I have a fair degree of difficulty in concentrating when I want to.
- ☐ I have a lot of difficulty in concentrating when I want to.
- ☐ I have a great deal of difficulty in concentrating when I want to.
- ☐ I cannot concentrate at all.

Section 7—Work

- ☐ I can do as much work as I want to.
- ☐ I can only do my usual work, but no more.
- ☐ I can do most of my usual work, but no more.
- ☐ I cannot do my usual work.
- ☐ I can hardly do any work at all.
- ☐ I can't do any work at all.

Section 8 -- Driving

- ☐ I drive my car without any neck pain.
- ☐ I can drive my car as long as I want with slight pain in my neck.
- ☐ I can drive my car as long as I want with moderate pain in my neck.
- ☐ I can't drive my car as long as I want because of moderate pain in my neck.
- ☐ I can hardly drive my car at all because of severe pain in my neck.
- ☐ I can't drive my car at all.

Section 9 -- Sleeping

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed (less than 1 hr. sleepless).
- ☐ My sleep is moderately disturbed (1-2 hrs. sleepless).
- ☐ My sleep is moderately disturbed (2-3 hrs. sleepless).
- ☐ My sleep is greatly disturbed (3-4 hrs. sleepless).
- ☐ My sleep is completely disturbed (5-7 hrs. sleepless).

Section 10 -- Recreation

- ☐ I am able to engage in all my recreation activities with no neck pain at all.
- ☐ I am able to engage in all my recreation activities, with some pain in my neck.
- ☐ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- ☐ I am able to engage in a few of my usual recreation activities because of pain in my neck.
- ☐ I can hardly do any recreation activities because of pain in my neck.
- ☐ I can't do any recreation activities at all.

Comments _____ %ADL _____

LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY describes your problem.**

Section 1 - Pain Intensity

- ☐ I can tolerate the pain without having to use painkillers.
- ☐ The pain is bad but I can manage without taking painkillers.
- ☐ Painkillers give complete relief from pain.
- ☐ Painkillers give moderate relief from pain.
- ☐ Painkillers give very little relief from pain.
- ☐ Painkillers have no effect on the pain and I do not use them.

Section 2 -- Personal Care (Washing, Dressing, etc.)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self care.
- ☐ I do not get dressed, I wash with difficulty and stay in bed.

Section 3 -- Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can lift very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 -- Walking

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than one mile.
- ☐ Pain prevents me from walking more than one-half mile.
- ☐ Pain prevents me from walking more than one-quarter mile.
- ☐ I can only walk using a stick or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Section 5 -- Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favorite chair as long as I like
- ☐ Pain prevents me from sitting more than one hour.
- ☐ Pain prevents me from sitting more than 30 minutes.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting almost all the time.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered significant activities of daily living disability.
 (Score ____ x 2) / (____ Sections x 10) = _____ %ADL

Section 6 -- Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives extra pain.
- ☐ Pain prevents me from standing more than 1 hour.
- ☐ Pain prevents me from standing more than 30 minutes.
- ☐ Pain prevents me from standing more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 -- Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using tablets.
- ☐ Even when I take tablets I have less than 6 hours sleep.
- ☐ Even when I take tablets I have less than 4 hours sleep.
- ☐ Even when I take tablets I have less than 2 hours sleep.
- ☐ Pain prevents me from sleeping at all.

Section 8 -- Social Life

- ☐ My social life is normal and gives me no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have no social life because of pain.

Section 9 -- Traveling

- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I manage journeys over 2 hours.
- ☐ Pain is bad but I manage journeys less than 1 hour.
- ☐ Pain restricts me to short necessary journeys under 30 minutes.
- ☐ Pain prevents me from traveling except to the doctor or hospital.

Section 10 -- Changing Degree of Pain

- ☐ My pain is rapidly getting better.
- ☐ My pain fluctuates but overall is definitely getting better.
- ☐ My pain seems to be getting better but improvement is slow at the present.
- ☐ My pain is neither getting better nor worse.
- ☐ My pain is gradually worsening.
- ☐ My pain is rapidly worsening.

Comments _____

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204

Sleep Assessment Form

Name _____ DOB: _____

The **Epworth Sleepiness Scale** is widely used in the field of sleep medicine as a subjective measure of a patient's sleepiness. The test is a list of eight situations in which you rate your tendency to become sleepy.

Instructions: Read the situation and circle your response.

Sitting and Reading

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Watching Television

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Sitting inactive in a public place, for example, a theater or a meeting

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

As a passenger in a car for an hour without a break

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Lying down to rest in the afternoon

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Sitting and talking to someone

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Sitting quietly after lunch when you've had no alcohol

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

In a car while stopped in traffic

0= would never doze 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Considering your sleep experience for the past month:

How many hours do you sleep at night on average _____

Do you wake more than once during the night? Never Occasionally Usually

Do you wake rested? Never Occasionally Usually

Do you feel hot or cold during the night? Never Occasionally Usually

Do you arise at the same time in the morning? Never Occasionally Usually

Do you have pain in the morning? Never Occasionally Usually

What kind of mattress do you have? _____ How old is it? _____



Doctor Patient Agreement

Mills Chiropractic

The purpose of this agreement is not only to make you aware of our office standards but more importantly it is to allow us to better serve you and get you the best results in the shortest amount of time. We have found that patients who adhere to this agreement have had better results.

What We Want To Do For You

We want to be your partner in health and make sure that you are getting the right type of care. If we don't feel that we can help you we will direct you to someone who can help. We want to give you state of the art care through the ProAdjuster and other services, and we want to do so in a timely manner. We want to make sure that your whole family is at optimal health, which is why we offer a free nerve scan to your family to check for any problems they might have.

About Your Visit

- Every visit you will check into the front computer when you first arrive. This lets us know that you are here and it also lets Dr. Mills know how you are doing that day. The computer will also save your date so your next visit you will only need to update your symptoms rather than entering them again. If you have questions or need assistance please let us know; we will be glad to help you.
- If you are adjusted on the ProAdjuster please remove necklaces, belts, and hooded sweatshirts. If you are adjusted manually please remove dangling jewelry, belts, hooded sweatshirts and items from your pocket.
- When you have completed your visit, please see the CA (Chiropractic Assistant) at the checkout desk to schedule your next appointment and pay your co-pay.

Massage Therapy

We do offer massage therapy in our office, however, Dr. Mills must have it as part of your treatment plan in order for you to receive massage. The massage is a 15 minute targeted massage that's purpose is to help facilitate an adjustment. Massage therapy is a highly professional practice and needs to be respected, for this reason any inappropriate language or actions are not tolerated. The massage therapist is required to report any such behavior and is allowed to open the door during the massage for their safety. In addition, if after one occurrence the behavior does not cease the therapy sessions will be audio recorded. Likewise you as the patient have an obligation to inform the doctor of any inappropriate actions or behaviors from the massage therapist.

Massage appointments are scheduled every 15 minutes. If you are late for your appointment, you may not be able to receive massage. Being late for your appointment causes delay in treatment of other patients.

Payment

Payment is required for every visit; you may pay the day of care or in advance for multiple appointments. We know that healthcare is expensive. That is why our Office Manager will walk you through several different payment plans for your specific treatment plan. They will also go over insurance benefits, co-pays, and deductibles. We accept credit cards (Visa, MasterCard, American Express, and Discover), CareCredit, cash, and checks*.

*There is a \$25 processing fee for any returned checks.

A Few Notes on Insurance

- If you receive a check from your insurance company you need to bring it and the statement to the office within three business days of receiving it. This will be the only way that we can apply the credit to your account.
- If the insurance company is not responding in a timely manner (60 days) to your claims you may be required to call and/or write them to help with the collection process.
- If the insurance company deems services are not medically necessary or not covered under your plan you will be responsible for the unpaid balance. We will work our hardest to inform you of any problems we foresee and work with you on a payment plan if any of these issues arise.

Health Care Class

We want you to understand how chiropractic care is an essential part of a healthy lifestyle. That is why we require all new patients to come to the class within two weeks of their initial visit. Dr. Mills will be discussing how chiropractic care works and things that you can do at home to achieve a healthier lifestyle. The class is included in your initial visit and is held at our office every week at 6:30 pm on alternating Mondays and Tuesdays. If these times do not work for you let us know and we will try to work something out. We strongly recommend that you bring your partner in health with you.

Appointments

Dr. Mills has specified a specific treatment plan for you to help get you to your optimum health as quickly as possible, which is why it is so important to keep your appointments. If you cannot make an appointment we understand, however, please call us immediately and reschedule for as soon as possible within the next week. Please call at least two hours ahead of your appointment time if you need to reschedule or cancel your appointment or it will result in a missed appointment. Upon your 4th missed appointment* you will be charged \$20 service charge for that appointment and every missed appointment thereafter.

*A missed appointment occurs only when you do not call within 2 hours of your appointment to reschedule or cancel.

Cell Phones

Out of respect for all patients in the office we ask that you silence your cell phones upon entering the office. Please do not take or make phone calls while in the office, this is a HIPPA violation and impedes upon the privacy of others in our office. If it is an emergency please step outside on the porch.

Emergency Numbers

In case of a medical emergency please call 911. If it is a Chiropractic emergency such as a severe flare up, fall, or minor injury during non-business hours please call our office's emergency line at 502-863-3520.

Results

Your results are positively influenced by adhering to our recommendations. If you are unhappy with your results, we respectfully request that you share your feelings so that we may resolve any of your concerns.

If you have any questions about our office standards please ask and we will be happy to explain.

I have read and understand all of the office standards and I agree to adhere to them:

Patient name (please print) _____

Patient Signature _____ Date _____

Patient cell phone number _____

Patient email address _____

CA Signature _____