



Arminio Family Chiropractic
848 F West Bay Avenue, Suite 2, Barnegat, NJ 08005
609.607.8777
arminiofamilychiropractic.com
arminiofamilychiropractic@gmail.com

Welcome to our Arminio Family Chiropractic Office

Thank you for choosing our office for Chiropractic care and Laser Therapy. We are committed to providing you and your family with the highest quality of corrective and wellness chiropractic care available so that you and your family can enjoy an active, healthy, life. We will be working together to help you and your family reach your health and wellness goals.

If you ever have any questions about your care, please don't hesitate to ask one of our highly educated Chiropractic team members. All of your questions, even the ones you haven't even thought of yet, will be answered during your Chiropractic Report and the Spinal Workshops.

We look forward to a long, healthy relationship with you and your family.

A little about our Laser Therapy:

Dr. Val and Arminio Family Chiropractic staff are excited and proud to offer our patients the latest technological advance for pain relief—LightForce® Deep Tissue Laser Therapy. This safe, effective, fast-acting, non-invasive treatment effectively treats pain and inflammation associated with a wide variety of both chronic and acute conditions including but not limited to: **Plantar Fasciitis, Carpal Tunnel, Bursitis, Sciatica, Arthritis, Pre & Post Surgery Recovery, Wound Healing, Fibromyalgia, TMJ, Muscle Strains & Sprains, Neck, Mid Back & Lower Back Strains, Soft Tissue Damage, Sports Injuries, Shoulder, Hip & Knee Pain and so many more.**

In just a few short sessions you can feel the difference.

Is this therapy right for you?

If you are currently experiencing pain or have lingering aches and pains from a previous injury, the answer is likely "yes". Have other therapies helped you feel better, but there is still a nagging pain that never totally resolves? Deep Tissue Laser therapy is probably for you. Laser therapy increases circulation to damaged tissue, helping speed recovery. It helps you return to the activities you enjoy, so you can get back to living again. So, "ditch the drugs and skip the scalpel!"

Reduce swelling, Decrease pain, Speed recovery, Cellular Healing & Rejuvenation

Laser therapy is clinically proven to reduce pain and inflammation and is endorsed by the American Physical Therapy Association and the International Association for the Study of Pain®. Come in and feel the difference Deep Tissue Laser Therapy can make.



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 able 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 subluxation. 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 24 vertebra 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 or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, 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 a health care provider who specializes in that area.

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.

I, _____ have read and fully understand the above statements.
(print name)

All 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)



Chiropractic Active Life Plans

Chiropractic Active Life Plans are designed to help you and your families reach optimum health now, and over the course of your lifetime. Too many people wait until their health breaks down before they make their health a priority and are paying very heavy prices for this “if it ain’t broke don’t fix it” attitude.

The fastest segment of our population today is centenarians. These are people that are 100 years old. Currently there are 70,000 people over the age of 100. With the baby boom generation maturing over the next 50 years, the US Census Bureau expects the number of centenarians to climb to over 4.2 million by the year 2050.

The chances of you reaching this milestone are increasing every day. The question is, “what will your health be like when you get there?” Do you think the health choices you make today will impact your quality of life in your future? Of course they will.

One of the most common comments heard by seniors is “If I knew I was going to live this long, I would have taken better care of myself.” We are getting this advance notice that our parents and grandparents didn’t receive. What will you do with this information?

Chiropractic Active Life Plans will help you achieve the quality of life you deserve! Three types of Chiropractic Active Life Plans You and Your Family Can Enjoy

□ **Corrective Adjustment Plans (CAP):**

Corrective Adjustment Plans are designed for you if you are currently experiencing pain, sickness, dis-ease, spinal subluxation degeneration, or health problems of any kind. The CAP Plan is designed to help you feel healthy again as quickly as possible and to stabilize your spine.

This occurs with frequent chiropractic adjustments, usually three times per week, over a short period of time lasting 2 weeks to 6 months. Dynamic exams are performed every 12 visits to determine how your body is healing and your spine is correcting and stabilizing.

Once your spine is stabilized, your adjustment frequency will graduate to two times per week then one time per week for the balance of a year. As your Corrective Adjustment Plan winds down, our chiropractic team will discuss your Wellness Adjustment Plan with you so you can continue to remain healthy and active over the course of your life.

□ **Wellness Adjustment Plans (WAP)** If you have already completed your Corrective Adjustment Plan with our office or another chiropractor, or you are extraordinarily healthy and have no spinal subluxation degeneration, you can go right on a WAP to help you achieve and maintain optimum health.

WAP’s consist of weekly adjustments to bi-monthly adjustments depending on the condition of your spine and your long-term health goals. The more active you are, and the more active and healthy you want to be over the course of your life, the more you will value and appreciate your WAP.

□ **Family Adjustment Plans (FAP)**

The more you spend time in our office, the more you will see generations of families on Chiropractic Active Life Plans, enjoying the benefits of the chiropractic lifestyle. As you learn about the benefits of chiropractic care, you too will want your entire family participating in chiropractic care.

Our FAP’s are designed to make family care affordable so that everyone can enjoy the good health, activity, and peak performance that chiropractic care provides.

At your Chiropractic Report, we will discuss with you which Chiropractic Active Life Plan you are eligible for so that you can reach all your health objectives.

Congratulations on participating in Chiropractic care, with your family. We look forward to helping achieve all your health goals over the course of your lifetime.



NEW PATIENT APPLICATION

Welcome to our Practice! Please thoroughly complete all questions. Thank you.

Name: _____ Today's Date: _____

Address: _____

City/State/Zip: _____ E-Mail: _____

Phone: Home _____ Work: _____ Fax: _____

Cell #: _____ Pager: _____ Marital status: M/W/D/S

Birthdate: ___/___/___ Age: ___ Social Security #: _____

Who may we thank for referring you? _____

Your prior Doctor of Chiropractic and address: _____

Chiropractic techniques you've had success with: _____

Last time you went to previous Doctor of Chiropractic: _____

General Practitioner name: _____ Phone: _____

Other Specialists you are currently under care with:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Employer name: _____ Phone: _____

Employer's address: _____

Occupation: _____

Spouse's name: _____

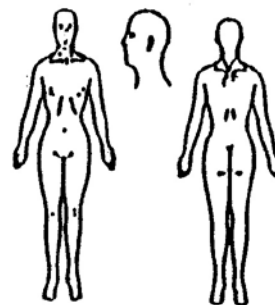
Mark area(s) of concern

Spouse's employer: _____

Children's names & ages: _____

Favorite hobbies or interests: _____

Method of payment for first visit:
 Cash Check Debit Credit Card



Height _____ Weight _____

Health reasons for consulting our office:

1. _____ 2. _____

3. _____ 4. _____

Have you had same or similar problem(s) before? ___Yes ___No

How long?: _____ Please explain:

Father/Mother/Brother/Sister/Children, with similar problems?

Is this the result of an auto or work injury?_____If so, when? _____

If this is a work injury, is there a panel chiropractor that your company's Workmen's Compensation Insurance requires you to see in the first 90 days? If so, please list their name.

Other doctors who have treated this problem:_____

Surgery you have had:_____

Medication(s) you currently take:_____

Is there any chance you are pregnant? Yes_____ No_____

What have you heard about chiropractic care?

Do you know what a subluxation is? If yes, please describe

What daily rituals for spinal health do you presently practice?

Have you ever been diagnosed with cancer?___ If so, what type?

Do you have health insurance?_____ Name of company:_____

ID # _____ Phone # _____ Policy holder _____

The above information is true and accurate to the best of my knowledge. My reason for consultation with the Doctor is for evaluation of my physical health and the potential for improvement.

Patient or Guardian Signature:_____ Date:___/___/___