Dr. Scott Birckbichler, LLC

485 South Independence Blvd, Suite # 111
Virginia Beach, VA 23452
757.497.8200

PLEASE PRINT Today's Date_____

Name_____ Date of Birth_____-_____-_____

Address_____

City_____ State _____ Zip Code_____

Driver's License #_____Employer_____

Phone: Home_____ Work_____ Cell_____

E-mail address_____

Marital Status: M S D W Name of Spouse_____

Name and Number of Emergency Contact_____

Major Complaint _____

Is this Condition due to an injury: while at work/ from an Auto Accident / Home Injury / Other_____

If you are female, is there any chance that you may be pregnant? Yes / No

Check any of the following you are presently experiencing:

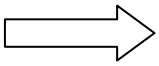
- ❑ Headaches
- ❑ Neck pain
- ❑ Low Back pain
- ❑ Mid Back pain
- ❑ Shoulder pain
- ❑ Chest/rib pain
- ❑ Muscle spasm
- ❑ Dizziness
- ❑ Sleeping Difficulty
- ❑ Arthritis
- ❑ Tingling/numbness in arms/legs/hands/feet

Check any of the following problems you have experienced in the past:

- ❑ Pneumonia
- ❑ Rheumatic fever
- ❑ Polio
- ❑ Tuberculosis
- ❑ Anemia
- ❑ Measles
- ❑ Mumps
- ❑ Chicken pox/Small pox
- ❑ Diabetes
- ❑ Cancer
- ❑ Thyroid problems
- ❑ Ulcers
- ❑ Stomach problems
- ❑ Arthritis
- ❑ Epilepsy
- ❑ Mental disorders
- ❑ Stroke
- ❑ Heart disease
- ❑ High blood pressure
- ❑ Headaches

I understand that I am ultimately responsible for any charges, despite if any third party fails to pay. Fees are paid at the time of service rendered. I authorize Dr. Scott Birckbichler, LLC, to bill my insurance on my behalf and request payment of medical insurance benefits to go to Dr. Scott Birckbichler, LLC directly. I authorize the release of any medical information necessary to any other medical facility to expedite my care.

Signature_____ Date_____

Continued on other side 

HIPAA - Notice to Patients

A law has been passed by the Federal Government. The new law is called HIPAA, or Health Insurance Portability and Accountability Act. Effective immediately, there are several issues that we as your provider, must make you aware of.

In general, HIPAA provides the first comprehensive Federal protection for the privacy of health care information, such as an individual's medical records and other personnel health information. HIPPA will:

1. Give you, and only you (under the majority of cases), control over your health information
2. Set boundaries on the use and release of health records.
3. Establish safeguards that health providers must achieve to protect the privacy of health information.

You have certain rights under HIPAA. We are obligated to inform you that you have the right to:

1. Find out how your information may be used.
2. View your file in the office. Please make an appointment for this with the front desk.
3. Have copies of your file at a charge of $.50 per page. Please make an appointment if you wish to have copies.
4. Generally limit the release of your private information of anyone except to other providers and to anyone that is associated with your care. For example, if we refer you to a medical doctor or orthopedic with your care. For example, if we send them private information about you, without your authorization, so they may be able to treat you better.
5. Request corrections to your file.
6. Request us to restrict certain uses and information of the health information.

If you have any questions please ask and we will answer them to the best of our knowledge.

Please sign below attesting that you have read and understand the above.

Print Name: _____

Signature: _____ Date: _____