

MAIN CHIROPRACTIC

1118 N avalon blvd
Suite 2
wilmington, CA 90744

(310) 701-9095
dtmain@gmail.com
mainclinic.com

PATIENT INFORMATION

Patient Demographics

Patient Information

Today's Date	2025-08-05
First Name	David
Last Name	Main
Date of Birth	1983-08-01
Sex Assigned at Birth	male
Street Address	1118 N avalon blvd #2
City	none
State	CA
ZIP Code	90815
Primary Phone Number	3107019095
Email Address	dtmain@gmail.com

Additional Information

Preferred method of communication	Cell Phone
Marital Status	S
Emergency Contact Name	David T Main
Relationship	self

Phone 3107019095

How did you hear about us? none

CONSENT & POLICIES

CONSENT TO CHIROPRACTIC EXAMINATION AND TREATMENT

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in it. Please ask questions if there is anything that is unclear before you sign.

Information about the Chiropractic Adjustment

The primary treatment used in the clinic is spinal manipulative therapy or the chiropractic adjustment. It is likely that spinal manipulative therapy will be used as part of your treatment. Spinal manipulative therapy includes placement of the doctor's hands or mechanical instruments upon your body in such a way as to mobilize your joints. This movement may cause an audible "pop" or "click," such as experienced when you "crack" your knuckles. You may also feel a sense of movement.

The Material Risks Inherent in the Chiropractic Adjustment

All patient care, including chiropractic treatment, has the potential for negative effects. The risks associated with chiropractic treatments include, but are not limited to, dislocations and sprains, disc injuries, fractures, and strokes. These negative effects are very rare but nevertheless exist. The Doctors at JayMac Chiropractic will develop a treatment plan recommending what they feel is in your best interest based on clinical examination, patient history, and professional experience.

The Probability of Those Risks Occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone which your doctor looks for during your initial consultation, examination, and while reviewing your x-rays if indicated or recommended. Stroke has been the subject of tremendous disagreement. The incidence of a stroke is exceedingly rare and is estimated to occur between one in one million and one in five million adjustments of the neck. The other complications are also generally described as rare.

The Availability and Nature of Other Treatment Options

Other treatment options for your condition may include: Self-administered, over-the-counter analgesics, Rest, Medical care, Prescription medications such as anti-inflammatory, muscle relaxants and pain-killers, Hospitalization, and Surgery. If you choose to use one of the above noted "other treatment" options, you should be aware

that there are risks and benefits of such options and you may wish to discuss these with your primary care physician.

Overuse of over-the-counter medications produces undesirable side effects. If complete rest is impractical, premature return to work and household chores may aggravate the condition and extend the recovery time. The probability of such complications arising is dependent upon the patient's overall health, severity of discomfort, their pain tolerance, and their self-discipline in not abusing the medication. Professional literature describes highly undesirable effects from long term use of over-the-counter medications.

Prescription muscle relaxants and pain killers can produce undesirable side effects and patient dependence. The risk of such complications arising is dependent upon the patient's overall health, severity of discomfort, their pain tolerance, their self-discipline in not abusing the medication, and proper professional supervision. Such medications generally entail very significant risks – some with rather high probabilities.

Hospitalization in conjunction with other care, bears the additional risk of exposure to communicable diseases, iatrogenic (doctor induced) mishap and expense. The probability of iatrogenic mishap is remote, expense is certain; exposure to communicable disease is likely with adverse results from such exposure being dependent upon many variables.

The risks inherent with surgery include adverse reaction to anesthesia, iatrogenic (doctor induced) mishap, all risks associated with hospitalization, and an extended convalescent period. The probability of those risks occurring varies to many factors.

The Risks and Dangers Attendant to Remaining Untreated

Remaining untreated may allow the formation of adhesions and reduce mobility of your joints which may set up a pain reaction further reducing mobility and overall range of motion. Over time this process may compromise your recovery making treatment more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

The Chiropractic Examination

Prior to establishing a treatment plan, the doctor must perform a Chiropractic Examination in order to determine the probable cause of your complaint. During the examination the doctor will perform some procedures or maneuvers intended to reproduce your symptoms which will allow for a better understanding of the nature of your condition and for the development of an appropriate treatment regimen. There is a slight possibility that these maneuvers may temporarily aggravate your symptoms.

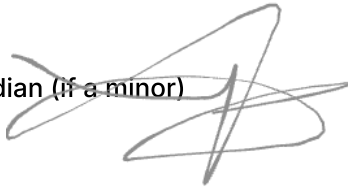
Documented Patient Noncompliance

Every effort will be made to help you achieve maximum health. It is important to keep your appointments and follow through with the prescribed treatment plan. We understand busy schedules and anticipate these as a part of life, however, please be courteous and inform us of any conflicts in scheduling immediately so that we may accommodate you accordingly and schedule other patients in need. If the noncompliance reaches the point of jeopardizing "good quality care," we may formally discharge you as a patient with an appropriate letter of withdrawal. Your patient records will note such problems of noncompliance and you will be provided an alternative source of recovery.

Acknowledgement [accepted]

Printed Name of Parent/Guardian David Main

Signature of Patient or Parent/Guardian (if a minor)



Date 2025-08-08

Signature of Doctor

 Signature

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I acknowledge and accept the following:

Health and accident insurance policies are an arrangement between an insurance carrier and me. JayMac Chiropractic will help prepare and submit claim forms and necessary medical records to assist me in making collection from the insurance company.

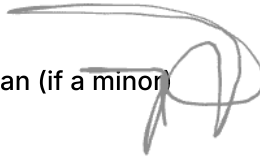
JayMac Chiropractic CAN NOT guarantee that my insurance company will pay. Prior to or immediately after my first visit, JayMac Chiropractic will make every attempt to receive and verify benefits and coverage. I understand that if I seek treatment outside of JayMac Chiropractic, my remaining benefits may not be accurate and claims may be denied due to exhausted benefits. I understand that insurance claims may be denied if I see multiple providers for the same injury or complaint.

I hereby assign all medical and chiropractic benefits to which I am entitled to JayMac Chiropractic. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other medical plan or representative to issue payment check(s)

Acknowledgement [accepted]

Printed Name of Patient or Parent/Guardian (if a minor) David Main

Signature of Patient or Parent/Guardian (if a minor)



Date

2025-08-08

ACKNOWLEDGEMENT OF REVIEW OF PRIVACY PRACTICES

I have reviewed JayMac Chiropractic's Notice of Privacy Practices, located at <http://www.JayMacChiropractic.com/privacy.html>.

This policy explains how my Protected Health Information (PHI) will be used and disclosed. I have had my questions satisfactorily answered considering this policy. I understand that I may request a physical or digital copy of this document upon request at any time.

Acknowledgement

[accepted]

Printed Name of Patient or Parent/Guardian (if a minor) David Main

Signature of Patient or Parent/Guardian (if a minor)



Date

2025-08-08

HEALTH COMPLAINTS

Major Complaints

Visual Analog Scale & Pain Assessment

Oswestry Low Back Pain Disability Index

Neck Disability Index Questionnaire

Condition Details

MEDICAL, FAMILY & SOCIAL HISTORY

MEDICAL HISTORY

Allergies? No

FAMILY MEDICAL HISTORY

SOCIAL HISTORY

Tobacco Use: No

Alcohol Use: No

Recreational Drug Use: No

Medications & Supplements

LIST ALL MEDICATIONS and NUTRITIONAL SUPPLEMENTS [map[medication_name:Vicodin medication_reason:life]]

Drug Allergies/Interactions? No

REVIEW OF SYSTEMS

General

Constitutional [Balance issues]

Gastrointestinal (GI)	[Acid reflux]
Musculoskeletal	[Broken bones]
Endocrine	[Diabetes Type: I]

Systems (continued)

Cardiovascular	[Angina/Chest pain]
Integumentary/Skin	[Bruise easily]
Hematological/Lymphatic	[Blood disorder]
Allergy/Immunologic	[Tuberculosis]

Systems (continued)

Respiratory	[Difficulty breathing]
Genitourinary (GU)	[Kidney stone]
Neurological	[Sciatica]
EEMNT	[TMJ pain]

Systems (continued)

Psychiatric	[Paranoia]
Head/Neck	[Headaches]

Gender Specific

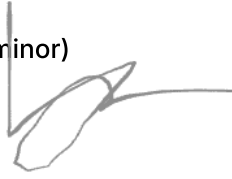
List any other conditions

FINAL ACKNOWLEDGEMENT

CONFIDENTIAL PROTECTED HEALTH INFORMATION (PHI)

Acknowledgement	[accepted]
-----------------	------------

Patient Signature or Parent/Guardian (if a minor)

A handwritten signature in black ink, consisting of a vertical line followed by a large, stylized loop and a horizontal stroke.

Date

2025-08-08

Signature of Doctor

A small icon of a document with a signature.

Signature

Date

2025-08-08
