

# Spinal Nerve Function

Every Cell of Your Body Has a Nerve Component



VERTEBRAL LEVEL	NERVE ROOT*	INNERVATION	POSSIBLE SYMPTOMS
C1	C1	Intracranial Blood Vessels	Headaches • Migraine Headaches
	C2	• Eyes • Lacrimal Gland	• Dizziness • Sinus Problems
C2	C2	• Parotid Gland • Scalp	• Allergies • Head Colds • Fatigue
	C3	• Base of Skull • Neck	• Vision Problems • Runny Nose
C3	C3		• Sore Throat • Stiff Neck
	C4	Muscles • Diaphragm	• Cough • Croup • Arm Pain
C4	C4		• Hand and Finger Numbness
	C5	• Neck Muscles • Shoulders	or Tingling • Asthma • Heart
C5	C5	• Elbows • Arms • Wrists	Conditions • High Blood Pressure
	C6	• Hands • Fingers • Esophagus	
C6	C6	• Heart • Lungs • Chest	
	C7		
C7	C7		
	C8		
T1	T1	Arms • Esophagus	Wrist, Hand and Finger
	T2	• Heart • Lungs • Chest	Numbness or Pain • Middle Back
T2	T2		Pain • Congestion • Difficulty
	T3	• Larynx • Trachea	Breathing • Asthma • High Blood
T3	T3		Pressure • Heart Conditions
	T4		
T4	T4		
	T5	Gallbladder • Liver	• Bronchitis • Pneumonia
T5	T5		• Gallbladder Conditions
	T6	• Diaphragm • Stomach	• Jaundice • Liver Conditions
T6	T6	• Pancreas • Spleen	• Stomach Problems • Ulcers
	T7	• Kidneys • Small Intestine	• Gastritis • Kidney Problems
T7	T7	• Appendix • Adrenals	
	T8		
T8	T8		
	T9		
T9	T9		
	T10	Small Intestines • Colon	
T10	T10	• Uterus	
	T11		
T11	T11	Uterus • Colon • Buttocks	
	T12		
T12	T12		
	L1	Large Intestines	Constipation • Colitis • Diarrhea
L1	L1	• Buttocks • Groin	• Gas Pain • Irritable Bowel
	L2	• Reproductive Organs	• Bladder Problems • Menstrual
L2	L2		Problems • Low Back Pain
	L3	• Colon • Thighs • Knees	• Pain or Numbness in Legs
L3	L3	• Legs • Feet	
	L4		
L4	L4		
	L5		
L5	L5		
	S	Buttocks • Reproductive	Constipation • Diarrhea • Bladder
S	A	Organs • Bladder	Problems • Menstrual Problems
	C	• Prostate Gland • Legs	• Lower Back Pain • Pain or
C	R		Numbness in Legs
	A		
A	A		
	L	• Ankles • Feet • Toes	

**REFERENCES:**  
 Fix, J. D., Ph.D., *Neuroanatomy*, 3<sup>rd</sup> Edition, Lippincott Williams & Wilkins, 2002.

Kandel, E. R., Schwartz, J. H., Jessell, T. M., *Principles of Neural Science*, Appleton & Lange, 1991.

Hoppenfeld, S. M.D. *Physical Examination of the Spine and Extremities*, Appleton-Century-Crofts, 1976.

Netter, F. H., M.D., *The Ciba Collection of Medical Illustrations, Vol 1, Nervous System, Part 1, Anatomy and Physiology*, Ciba Pharmaceuticals Division, Ciba-Geigy Corp. 1991.

Your nervous system is an extensive network that channels nerve impulses from your brain to virtually every cell that makes up your body.

This chart shows some of the integral relationships between the spine, nervous system and body. For simplicity, this chart does not reflect all the structures or paths utilized in nerve transmission. \*In some cases, nerve roots innervate other structures, such as nerve plexuses and ganglia which in turn supply innervations to specific body parts. If you have questions, please ask your Doctor of Chiropractic.

# Patient Health Record

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Occupation \_\_\_\_\_ Are you Pregnant (please circle one) Yes No

Have you seen a Chiropractor before? YES NO If yes, when: \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

## Your Health Summary

Have/Have had in the past 3 months (Circle Please)

Headaches	Fainting
Pins and Needles in arms/legs	Back Pain
Dizziness	Ringling in the ears
Fatigue	Irritability
Sleeping Problems	Plantar Fasciitis
Neuropathy	Frozen Shoulder
Disc Bulge	Cold Hands/Feet
Cold Sweats	Shoulder Issues
Mood Swings	Problem urinating
Buzzing of the ears	Menstrual irregularity
Numbness in toes	Neck Pain
Depression	Loss of Balance
Neck Stiff	Upset Stomach
Constipation	Tension
Lights bother eyes	Hot Flashes
Knee Pain	Hamstring Issues

Have you had any surgeries(list/year) \_\_\_\_\_

What is the reason you are being seen for today? \_\_\_\_\_

When did the condition you are coming on for begin? \_\_\_\_\_

How motivated are you to fix this issue? \_\_\_\_\_

Do you have a pace maker or Metal Implants Y/N

Is this condition caused by an Auto or Workers Comp Injury: (Circle any applicable)

Y \_\_\_\_\_ Date of Accident \_\_\_\_\_ N \_\_\_\_\_

## Informed Consent

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is called informed consent.

**Disc Herniations:** Disk herniations that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. This includes herniations in both the neck and back. Yet, occasionally chiropractic treatment (adjustments, traction, etc.) will aggravate the problem. These problems occur so rarely that there are no available statistics to quantify their probability.

**Rib Fractures:** The ribs are found only in the thoracic spine or middle back. They extend from your back to your front chest area. Rarely a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. This usually occurs only on patients who have weakened bones from such things as osteoporosis. Osteoporosis can be noted on your x-rays. We adjust all patients very carefully, and especially those who have osteoporosis in their x-rays. These problems occur so rarely that there are no available statistics to quantify their probability.

**Soft Tissue Injury:** Soft tissues primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy, etc., may tear some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long term effects for the patient.

**Soreness:** It is common for chiropractic adjustments, traction, massage therapy, exercise, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please tell your doctor about it.

**Stroke:** Chiropractic adjustments have been associated with strokes that arise from the vertebral artery only: this is because the vertebral artery is actually found inside the neck vertebrae. The most recent studies (Journal of the CCA. Vol. 37 No.2, June 1993) estimates that the incident of this type of stroke is 1 per every 3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before he/she would statistically be associated with a single patient stroke.

**Other problems:** There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, disease, or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider who we feel will assist your situation.

Please feel free to ask us any questions you may have. When you have a full understanding of the above, please sign and date below.

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

### 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 used to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of forces to facilitate the body's ability to correct 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 vertebrae in the spinal column which causes an alteration of nerve function and interference to the transmission of mental impulses, resulting in a reduction 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 in 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 another health care provider.

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 body function and optimum health. Our only method is specific adjusting to correct vertebral subluxations.

**\*Scheduling Fees: We will charge a \$75 Fee for any appointment not cancelled within 24 hours thank you. \***

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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### *Parents, please complete:*

#### Consent to evaluate and treat a minor child

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_  
have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Personal Medical Information Consent Form**

**The Health Insurance Portability Accountability Act of 1996 (HIPAA) requires that we receive your permission before we use the personal information in your medical records for any reason.**

**This consent form gives us permission to use your Protected Health Information (PHI) to carry out treatment, receive and/or as part of health care operations of our practice.**

**HIPAA also requires us to have a written notice of our privacy policy describing how medical information about you may be used and disclosed. If you so desire, this written notice is available at the front desk for you to read.**

**You have the right to revoke, in writing, this consent form at any time, although any services performed prior to the revocation of this consent are covered by this consent.**

**Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

### **Restrictions:**

**Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our office's policies and practices may be required by changes in federal and state laws and regulations. Upon receipt, we will provide you with the most recent notice on office visit. The revised policies and practices will be applied to all protected health information we maintain.**

**Doctor/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

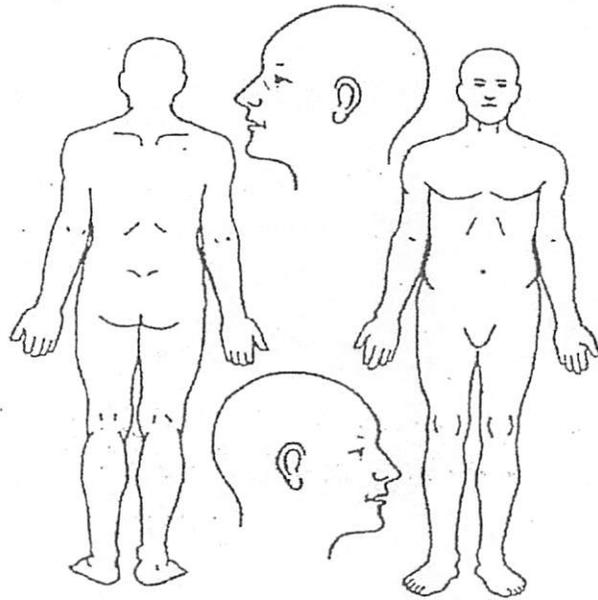
Murrieta Advanced Chiropractic Center

Chiropractic Consultation

PATIENT'S NAME:

DATE:

DESCRIPTION OF SYMPTOMS:



COMPLAINTS / SYMPTOMS:

- 1.
2.
3.
4.
5.

TYPE OF PAIN: FREQUENCY

- 1.
2.
3.
4.
5.

LE:

WHEN DID YOU FIRST NOTICE THIS:

HAS IT HAPPENED BEFORE:

IS IT WORSE/BETTER (AM/PM):

IS THERE ANY RADIATION OF PAIN TO AN EXTREMITY? (WHERE):

WHAT MAKES IT BETTER:

WHAT MAKES IT WORSE:

TYPE OF PAIN: A~ Sharp B~ Tingling C~ Throbbing D~ Numbness E~ Aching F~ Shooting G~ Dull H~ Burning I~ Cramping J~ Stiffness K~ Swelling Other~

FREQUENCY (PAIN): 1. Constant (75% - 100%) 2. Frequent (50% - 75%) 3. Intermittent (25% - 50%) 4. Occasional 10% -25%) 5. Rarely (0%-10%)

INTENSITY (PAIN): 1 - 10 with 10 being the worst

DURATION (PAIN):

HAVE YOU SEEN ANY OTHER DOCTORS FOR THIS CONDITION:

WHAT DID THEY SAY / RECOMMEND?

DID YOU FOLLOW RECOMMENDATIONS:

DID IT HELP:

WHAT HAVE YOU DONE FOR THIS CONDITION YOURSELF:

DID IT HELP:

ARE YOU TAKING ANY MEDICATIONS FOR THIS CONDITION:

ARE THEY HELPING:

HAS ANYONE RECOMMENDED SURGERY? (YES/NO)

NOTES: