CHIROPRACTIE LEIDEN

Rooseveltstraat 2U – 2321 BM Leiden – 071-5127788 – info@chiropractieleiden.nl
www.chiropractieleiden.nl

REGISTRATION FORM

Welcome to Chiropractie Leiden. Our goal is to help every patient achieve a good functioning nervous system. We do this by giving you our best care and sharing our experience during the whole process. Accurate information is essential. Also, your privacy.
This registration form will provide us with a good idea of your complaints, your medical history and your life style.
The information is confidential and will not be shared with third parties without your explicit consent.
Thank you for taking your time to fill out this registration form!

Personal Information

Family name ..... Initials .....
(for ladies, also include your maiden name please)

Address.....

Zip code ..... City .....

Tel. nr. (home) ..... Tel. nr. (cell).....

Date of birth ..... Occupation.....….....

Insurer ..... Policy # .....

G.P. ..... City .....

BSN-number ..... E-mail address .....

Have you been treated for the present complaints before? *(name please)*

❒ General Practitioner ❒ Podiatrist

❒ Chiropractor ❒ Manual Therapist

❒ Acupuncturist ❒ Neurologist

❒ Homeopath ❒ Surgeon

❒ ……. ❒ Physical Therapist

❒ …….. ❒ ……..

How did you find out about our practice?

❒ Newspaper ❒ Family member, colleague or friend *(name)* …….....….....

❒ My GP ❒ Facebook ❒ Instagram ❒ Google

❒ Therapist/medical doctor *(name)* .....

Initials .....

Would you like us to send your GP or therapist a report of findings? (*No extra charge).*

❒ Yes. Please send it to: .....

❒ No thanks.

Can you describe your main complaint(s) and when they came up?

.....

.....

.....

Medical Background

❒ Operation (s) …….....
.....

❒ Diseases
.....
.....

❒ Pregnancies / miscarriages
.....
.....

❒ Accidents
.....
.....

❒ Medication in use
.....
.....

❒ Past (relevant) Exams
.....
.....

❒ Are you being treated for his complaint at the moment?
.....

❒ Do you use protheses and/or orthopedic aids?
.....

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Lifestyle *(general)*	**a lot**	**normal**	**little**	**not at all**
Appetite	❒	❒	❒	❒
Coffee	❒	❒	❒	❒
Alcohol	❒	❒	❒	❒
Exercise	❒	❒	❒	❒
Sleep	❒	❒	❒	❒

Smoking *(per day)* ……..

Diet

Do have an adjusted diet? *(vegetarian, vegan, gluten-free, paleo, etc.)*

.....

Are you on a diet? (*Elaborate please*)

.....

With which kind of frequency do you eat (*breakfast, lunch, dinner, snacks*)

.....

Do you have allergies?

.....

Do you take daily supplements? *(If so, specify)*

❒ Vitamin D3 .....mg/day

❒ Fish Oil/Omega-3 .....mg/day

❒ Vitamin C .....mg/day

❒ Magnesium .....mg/day

❒ CQ10 .....mg/day

❒ Glucosamine/chondroitin .....mg/day

❒ Other ....mg/day

Initials .....

Do you consider your eating pattern to be healthy or not so much? (*Elaborate please*).

.....

.....

Exercise

What kind of exercise do you do?

.....

Do you have a specific goal in mind?

.....

Elaborate on your weekly exercise routine

.....

.....

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Our Privacy Policy

We would like to inform you how we process your personal data.

We store your personal and medical data digitally and on paper. We do this to be able to provide you with the best possible care. We process your data in accordance with our privacy and data security policy. You agree with the storage (and processing) of your data when you put your care in our hands.

The handling of your data is as follows:

- We save your personal data and use internally to be able to provide you with the best possible care;
- We will share your personal and medical data with third parties only if necessary, to provide the best possible care. If, according to the Dutch privacy laws, we need your specific authorisation to do this, we will consult you beforehand.
- We process your data as part of the treatment agreement as described by Medical Treatment Contracts Act (WGBO).
- If you would like access to your medical file, kindly send us a written request.
- If you find that your medical file is incorrect, you can ask for your file to be amended with a written request.
- You can ask us to destroy your personal file with a written request. If we do this, it is very possible we will no longer be able to provide you with care. De WGBO asks we keep all medical records for a minimum of 15 years. But we can put your record in our archives earlier, so it is no longer accessible to the regular user.
- You can withdraw your permission to use your data. We will then probably not be able to provide proper care any longer. At that point, we will put your data in our archives and the information will no longer be accesible to the regular user.
- You can place a complaint if you are not satisfied with the way your personal and medical data is being handled.
- We will inform you if there has been a problem with the usage of your personal and medical data.
- We will only use your personal and medical data for as long as it is necessary to provide proper care. We will keep your personal and medical data for the duration stipulated by the WGBO.
- All of the above also goes for all your medical and personal information that we get from third parties.

Initials .....

Terms & Conditions

Fees

- First consult adults/children: € 110,00 *(extended neurological and orthopaedic examination)*
- First consult non-active patient: € 75,00 *(patients that have not been to our practice for longer than 12 months)*
- Extended consult: € 75,00
- First consult children till 15 years of age (of active patients): € 50,00
- Follow-up consult adults: € 61,00
- Follow-up consult children till 15 years of age: € 50,00
- RightEye® initial exam, report of findings and access to training programme: € 60,00
- RightEye® follow-up exams and report of findings: € 35,00
- Kinetisense® initial functional exam and report of findings: Euro. 60, -
- Kinetisense® follow-exam and report of findings: Euro. 35
- Nos-show fee: Euro. 61,00
- Brafo® test: Euro. 25, -
- Report for insurance company: Euro. 61,00
- Request and evaluation of hospital image exams: Euro. 12,50
- Kinesiotaping: Euro. 7,00

Reimbursement

We advise you to check with your insurance company regarding their most recent reimbursement policy. The amount of the reimbursement will highly depend on the insurance package you have chosen.

Our chiropractors are all registered with the NCA (Nederlandse Chiropractoren Associatie), the SCN (Stichting Chiropractie Nederland) are have an AGB-code. Insurance companies in the Netherlands require these registrations to be able to reimburse you.

Terms of Payment

Each consult is paid at the front desk after completion. You can pay with your bank card, credit card or you can pay cash. You will immediately get proof of payment (invoice) that you can then hand in to your insurance to request reimbursement.

Initials .....

Cancellations

We kindly request you to cancel any appointment you cannot attend, at least one business day ahead of time to avoid charges.

Cancellations will be done by phone during our working hours: Monday to Friday between 8-12 AM and 1-5 PM and on Saturdays 9 AM to 1 PM.

Any possible adverse consequences resulting from the withholding of information in the medical file are for the responsibility and account of the client or parent (s) and / or carers.

I have read the privacy policy and General Terms & Conditions of Chiropractie Leiden and agree.

Place ..... Date ..... Signature .....