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NOBLE CHIROPRACTIC
PS

THE PERFORMANCE LAB CONFIDENTIAL PATIENT INFORMATION

Personal Information

Full Name:	Date:		
Date of Birth:	Age:		
Address:			
<i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Email:	Cell Phone:		
If needed, which is the best method of contacting you? <input type="checkbox"/> Text <input type="checkbox"/> Phone Call <input type="checkbox"/> Email			
May we publish data such as wattage and video to social media and other marketing material including but not limited to our blog? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Performance Questionnaire

Do you feel your body is at its optimum level to achieve your ideal performance? <input type="checkbox"/> No <input type="checkbox"/> Yes
If No, please explain: _____
Do you notice a difference in strength on one side of your body? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please explain: _____
Do you notice a difference in muscles being tighter on one side of your body? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please explain: _____
Are you confident in your ability to move quickly when necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you confident in your ability to correct when thrown off balance? <input type="checkbox"/> No <input type="checkbox"/> Yes
In recent years, have you experienced changes in your balance? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please explain: _____

When active (running, cycling, cross fit, etc), do you notice pattern differences on one side versus the other? No Yes

If Yes, please explain:

Data Tracking

Do you track your data or personal records using a program such as Strava? No Yes

Do you compete in racing or physically competitive events? No Yes

If Yes, which events?

What is your level of competition? (i.e. Professional, Category 1, Beginner, etc)

Health Concerns

Do you have any physical limitations such as pain, heart conditions, etc? No Yes

If Yes, please explain:

Have you experienced any major injuries? No Yes

If Yes, please explain:

I hereby give permission to Dr. Steven Noble to evaluate and treat me under the license of Doctor of Chiropractic. I understand that any fee for service is due at the time of service and cannot be deferred to a later date.

Print Name

Signature

Date

NOTICE OF PRIVACY PRACTICE SUMMARY

Noble Sports Chiropractic, P.S., in accordance with applicable federal and state law, is committed to maintaining the privacy of your protected health information (PHI). In other words, the private information about your health condition and the care and treatment you receive from the Practice. We will use and disclose elements of your PHI the following ways:

- Treatment
- Payment
- Health care operations
- When release is required by law, including judicial settings and to health oversight regulatory agencies and law enforcement
- In emergency situations or to avert serious health/safety situations
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in their duties
- To organ, tissue and other donation organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences

Special Cases:

- Appointment reminders, treatment alternatives and other health related benefits and services
- Office newsletter
- Sponsor of your health plan

All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

Your Rights: You have the following rights concerning your PHI:

- **Restrictions:** To request restricted access to all or part of your PHI. To do this, please make the request in writing. We are not required to grant your request
- **Confidential communications:** To receive correspondence of confidential information by alternative means or location. To do this, please make a request in writing
- **Access:** To inspect or receive copies of your PHI. To do this, please submit a request in writing
- **Amendments:** To request changes be made to your PHI. To do this, please submit a request in writing
- **Accounting:** To receive an accounting of the disclosures by us of your PHI in the six years prior to your request. To do this, please submit a request in writing
- **This notice:** To get updates or re-issue of this notice, at your request
- **Complaints:** To complain to your office or the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, please submit your request in writing. The law forbids us from taking retaliatory action against you if you complain

Our duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy contact: To obtain more information on, or have your questions about your rights answered, you may contact the Practice's Privacy Officer, Dr. Steven B. Noble at Noble Sports Chiropractic, P.S., 119 Grand Ave Suite C, Bellingham, WA 98225.

Effective date: This notice is in effect as of October 1, 2006. A complete copy of the Notice of Privacy Practice is available at the reception desk.

Patient acknowledgement: By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its term.

Print Name

Signature

Date