Mills Chiropractic
407 S Broadway
Georgetown, KY 40324

OSWESTRY LOW BACK DISABILITY QUESTIONNAIRE

This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday life. Please answer very section and mark in each section only the ONE box which applies to you at this time. We realize you may consider t of the statements in any section may relate to you, but please mark the box which most closely describes your current condition.

BACK

1. PAIN INTENSITY

- ☐ 0 I can tolerate the pain without having to use pain killers
- ☐ 1 The pain is bad but I manage without taking pain killers
- ☐ 2 Pain killers give complete relief from pain
- ☐ 3 Pain killers give moderate relief from pain
- ☐ 4 Pain killers give very little relief from pain
- ☐ 5 Pain killers have no effect on the pain and I do not use them

2. PERSONAL CARE (e.g. Washing, Dressing)

- ☐ 0 I can look after myself normally without causing extra pain
- ☐ 1 I can look after myself normally but it causes extra pain
- ☐ 2 It is painful to look after myself and I am slow and careful
- ☐ 3 I need some help but manage most of my personal care
- ☐ 4 I need help every day in most aspects of self-care
- ☐ 5 I don't get dressed, I was with difficulty and stay in bed

3. LIFTING

- ☐ 0 I can lift heavy weights without extra pain
- ☐ 1 I can lift heavy weights but it gives extra pain
- ☐ 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e. on a table
- ☐ 3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ 4 I can lift very light weights
- ☐ 5 I cannot lift or carry anything at all

4. WALKING

- ☐ 0 Pain does not prevent me walking any distance
- ☐ 1 Pain prevents me walking more than one mile
- ☐ 2 Pain prevents me walking more than ½ mile
- ☐ 3 Pain prevents me walking more than ¼ mile
- ☐ 4 I can only walk using a stick or crutches
- ☐ 5 I am in bed most of the time and have to crawl to the toilet

5. SITTING

- ☐ 0 I can sit in any chair as long as I like
- ☐ 1 I can only sit in my favorite chair as long as I like
- ☐ 2 Pain prevents me from sitting more than one hour
- ☐ 3 Pain prevents me from sitting more than ½ hour
- ☐ 4 Pain prevents me from sitting more than 10 minutes
- ☐ 5 Pain prevents me from sitting at all

Office use ONLY: Score _____ (2) = _____

6. STANDING

- ☐ 0 I can stand as long as I want without extra pain
- ☐ 1 I can stand as long as I want but it gives me extra pain
- ☐ 2 Pain prevents me from standing for more than one hour
- ☐ 3 Pain prevents me from standing for more than 30 mins.
- ☐ 4 Pain prevents me from standing for more than 10 mins.
- ☐ 5 Pain prevents me from standing at all

7. SLEEPING

- ☐ 0 Pain does not prevent me from sleeping well
- ☐ 1 Pain prevents me from sleeping well, but I use no medication
- ☐ 2 I can sleep well only by using medication
- ☐ 3 Even when I take medication, I have less than 6 hrs sleep
- ☐ 4 Even when I take medication, I have less than 3 hrs sleep
- ☐ 5 Pain prevents me from sleeping at all

8. SOCIAL LIFE

- ☐ 0 My social life is normal and gives me no extra pain
- ☐ 1 My social life is normal but increases the degree of pain
- ☐ 2 Pain has no significant effect on my social life apart from limiting my more energetic interests, i.e. dancing, etc.
- ☐ 3 Pain has restricted my social life and I do not go out as often
- ☐ 4 Pain has restricted my social life to my home
- ☐ 5 I have no social life because of pain

9. TRAVELLING

- ☐ 0 I can travel anywhere without extra pain
- ☐ 1 I can travel anywhere but it gives me extra pain
- ☐ 2 Pain is bad, but I manage journeys over 2 hours
- ☐ 3 Pain restricts me to journeys of less than 1 hour
- ☐ 4 Pain restricts me to short necessary journeys under 30 minutes
- ☐ 5 Pain prevents me from traveling except to the doctor or hospital

10. EMPLOYMENT/ HOMEMAKING

- ☐ 0 My normal homemaking/job activities do not cause pain
- ☐ 1 My normal homemaking/job activities increase my pain, but I can still perform all that is required of me
- ☐ 2 I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming)
- ☐ 3 Pain prevents me from doing anything but light duties
- ☐ 4 Pain prevents me from doing even light duties
- ☐ 5 Pain prevents me from performing any job or homemaking chores

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NECK

1. PAIN INTENSITY
- ☐ 0 I can tolerate the pain without having to use pain killers
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- ☐ 5 I cannot lift or carry anything at all

4. READING
- ☐ 0 I can read as much as I want with no pain in my neck
- ☐ 1 I can read as much as I want with slight pain in my neck
- ☐ 2 I can read as much as I want with moderate neck pain
- ☐ 3 I can't read as much as I want because of moderate neck pain
- ☐ 4 I can hardly read at all because of severe neck pain
- ☐ 5 I cannot read at all

5. SITTING
- ☐ 0 I can sit in any chair as long as I like
- ☐ 1 I can only sit in my favorite chair as long as I like
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Doctor Patient Agreement

Mills Chiropractic

The purpose of this agreement is not only to make you aware of our office standards but more importantly it is to allow us to better serve you and get you the best results in the shortest amount of time. We have found that patients who adhere to this agreement have had better results.

What We Want To Do For You

We want to be your partner in health and make sure that you are getting the right type of care. If we don't feel that we can help you we will direct you to someone who can help. We want to give you state of the art care through the ProAdjuster and other services, and we want to do so in a timely manner.

About Your Visit

- Every visit you will check into the front computer when you first arrive. This lets us know that you are here and it also lets Dr. Mills know how you are doing that day. If you have questions or need assistance please let us know; we will be glad to help you.
- If you are adjusted on the ProAdjuster please remove necklaces, belts, and hooded sweatshirts. If you are adjusted manually please remove dangling jewelry, belts, hooded sweatshirts and items from your pocket.
- When you have completed your visit, please see the CA (Chiropractic Assistant) at the checkout desk to schedule your next appointment and pay your visit charge.

Appointments

Dr. Mills has specified a specific treatment plan for you to help get you to your optimum health as quickly as possible, which is why it is so important to keep your appointments. If you cannot make an appointment we understand, however, please call us immediately and reschedule for as soon as possible within the next week. Please call at least two hours ahead of your appointment time if you need to reschedule or cancel your appointment or it will result in a missed appointment. Upon your 4th missed appointment* you will be charged a $20 service charge for the appointment and every missed appointment thereafter.

*A missed appointment occurs only when you do not call within 2 hours of your appointment to reschedule or cancel.

Special Consultation Workshop

We want you to understand how chiropractic care is an essential part of a healthy lifestyle. That is why we require all new patients to come to the class within two weeks of their initial visit. Dr. Mills will be discussing how chiropractic care works and things that you can do at home to achieve a healthier lifestyle. The class is included in your initial visit and is held at our office every week at 6:10 pm on alternating Mondays and Tuesdays. If these times do not work for you let us know and we will try to work something out. We strongly recommend that you bring your partner in health with you.

Payment

Payment is required for every visit; you may pay the day of care or in advance for multiple appointments. We know that healthcare is expensive, that is why our CA will walk you through several different payment plans for your

specific treatment plan. They will also go over insurance benefits, co-pays, and deductibles. We accept credit cards (Visa, MasterCard, American Express, and Discover), CareCredit, cash, and checks*.

I will keep my balance under $200.00. If I default on any balance I am responsible for the 33.33% attorney's fee and .5% monthly interest rate, for a total of 6% annually.

*There is a $25 processing fee for any returned checks.

A Few Notes on Insurance

- If you receive a check from your insurance company you need to bring it and the statement to the office within three business days of receiving it. This will be the only way that we can apply the credit to your account.
- If the insurance company is not responding in a timely manner (60 days) to your claims you may be required to call and/or write them to help with the collection process.
- If the insurance company deems services are not medically necessary or not covered under your plan you will be responsible for the unpaid balance. We will work our hardest to inform you of any problems we foresee and work with you on a payment plan if any of these issues arise.
- Your insurance will only cover acute care. Acute care is defined as regular visits to resolve a specific problem that should be resolved in 8 – 12 weeks. Any visits after acute care are considered wellness, maintenance, or supportive care. Those are not covered by your insurance and are solely your responsibility.

Cell Phones

Out of respect for all patients in the office we ask that you silence your cell phones upon entering the office. Please do not take or make phone calls while in the office, this is a HIPPA violation and impedes upon the privacy of others in our office. If it is an emergency please step outside on the porch.

Emergency Numbers

In case of a medical emergency please call 911. If it is a Chiropractic emergency such as a severe flare up, fall, or minor injury during non-business hours please call our office's emergency line at 502-863-3520.

Results

Your results are positively influenced by adhering to our recommendations. If you are unhappy with your results, we respectfully request that you share your feelings so that we may resolve any of your concerns. If you have any questions about our office standards please ask and we will be happy to explain.

Consent to treatment of a minor child

I hereby authorize Dr. Gary L. Mills and the staff at Mills Chiropractic of 407 South Broadway, Georgetown, Kentucky to administer the treatment deemed necessary to my minor child. I understand that I as the parent or guardian am responsible for all bills accrued during treatment.

I have read and understand all of the office standards and I agree to adhere to them:

Patient name (please print) _____

Patient/Parent Signature _____ Date _____

Patient cell phone number _____

Patient email address _____

Official Use Only

Chiropractic Assistant Signature _____