



Alvey Chiropractic

Patient Case History

Patient Name: _____ Date: _____

Address: _____ City: _____ Zip _____

Home phone: _____ Cell Phone: _____ Carrier: _____

Date of Birth: _____ Age: _____ Marital Status: M _____ S _____

Email: _____ Referred by: _____

Occupation: _____ Employer: _____

Are there any condition(s) your primary physician treating you for currently?

What medications are you taking currently? (You may submit a list)

Please list previous surgeries: _____

Do you have any allergies? _____

Are you pregnant now? Yes No How many children do you have ? _____

Were any births C-section? No Yes # _____

Do you smoke? Yes No If yes, how much? _____

Do you drink alcohol? Yes No Casually Daily Weekly Once in a while

Level of education: high school some college college graduate post graduate

How often do you exercise? Daily 3x week 2x week 1x week I don't exercise

What nutritional supplements do you take regularly? _____

What is your main complaint? _____

Does it radiate to another body part? If so, where? _____

What do you think caused the main complaint? _____

When did your complaint begin? _____

Patient Signature _____



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Health / Family History *Circle any conditions that currently apply*

General fainting chills convulsions depression dizziness loss of weight fatigue fever headache loss of sleep weight gain neuralgia night sweats wheezing nervousness

Gastro-Intestinal constipation diarrhea gall bladder issues hemorrhoids jaundice nausea liver problems stomach pain poor appetite poor digestion

Ear Nose & Throat crossed eyes deafness earache ear discharge ear noises enlarged thyroid frequent colds hay fever hoarseness nasal obstruction nose bleeds pain in eyes poor vision sinusitis sore throat tonsillitis

Respiratory asthma chest pain chronic cough difficulty breathing spitting blood spitting phlegm

Muscles/Joints/Bones backache foot problems pain between shoulder blades painful tailbone stiff neck spinal curvature swollen joints tremors twitching weakness

Cardiovascular ankle swelling high blood pressure low blood pressure heart trouble pain over heart poor circulation rapid heart slow heart strokes

Skin /Allergies bruise easily dryness eczema hives itching

Women cramps excessive flow hot flashes irregular cycle painful periods

Do you have a pacemaker? Yes No **Family doctor** _____

Family History : Mark the following conditions as they apply

Condition	You	Mother	Father	Sister	Brother
Diabetes					
Heart Issues					
Kidney Issues					
Cancer					
Headaches					
Back Pain					
Obesity					

If cancer, what type? _____

Patient Signature:

Notice of Privacy Practices: Alvey Chiropractic

Effective Date: February 16, 2026

Address: 2704 S. Medford, Lufkin, TX 75901

Privacy Officer: Tina Alvey, D.C. frontdesk@dralvey.com

1. Your Rights

When it comes to your health information, you have certain rights. You can:

- **Get an electronic or paper copy of your record:** Under **Texas Law (HB 300)**, we must provide this within **15 business days** of your written request (faster than the federal 30-day limit).
- **Correct your record:** Ask us to amend health information you think is incorrect.
- **Request confidential contact:** Ask us to contact you in a specific way (e.g., home vs. office phone).
- **Limit what we share:** You can ask us not to use or share certain health information for treatment, payment, or operations. If you pay for a service **out-of-pocket in full**, you have the right to restrict sharing that information with your health insurer.
- **Get a list of those with whom we've shared information:** You can ask for an accounting of disclosures.

2. Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treat you:** Sharing info with other professionals who are treating you (e.g., referring a patient to a specialist).
- **Run our office:** Using info to manage your treatment and services.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

3. Required 2026 Federal Updates (Substance Use Disorder)

As of February 2026, federal law requires us to notify you that:

- **Heightened Protections:** If we create or maintain records protected under **42 CFR Part 2** (Substance Use Disorder treatment records), we will not use or disclose those records in legal proceedings against you without your specific written consent or a specialized court order.

- **Fundraising:** If we were to use Part 2 records for fundraising, you have a clear, prominent right to opt out.
- **Redisclosure:** Information disclosed pursuant to an authorization may be at risk of "redisclosure" by the recipient and may no longer be protected by federal privacy rules.

4. Texas-Specific Inserts (HB 300 Compliance)

- **Notice of Electronic Disclosure:** We are required by Texas law to notify you that your Protected Health Information (PHI) is subject to **electronic disclosure**. We will obtain your separate authorization for electronic disclosures that are not for treatment, payment, healthcare operations, or otherwise authorized by law.
- **Marketing & Sale of Info:** We will **never** sell your PHI or use it for marketing purposes without your express written authorization.

5. Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. In Texas, we must notify the **Texas Attorney General** of breaches affecting 250 or more residents.