

THE SAFETY PIN *Life* SYSTEM

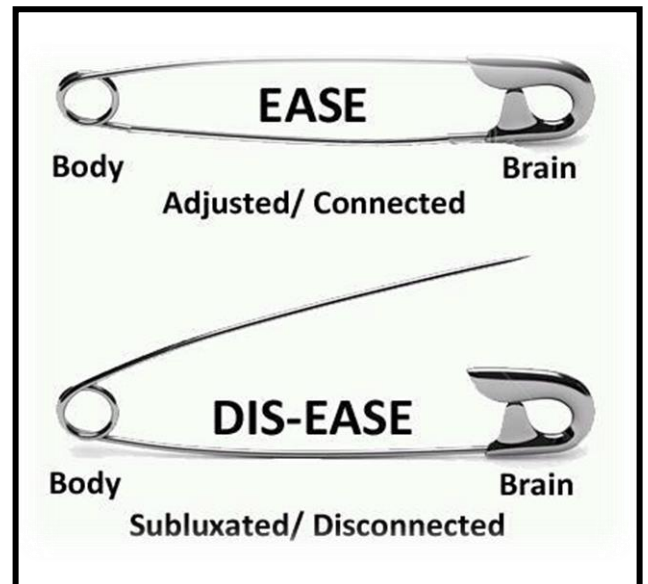
The SAFETY PIN LIFE SYSTEM is a unique approach to **achieving and** maintaining optimal health.

Today in America, the priority in health care is to help people after they are already sick. Prescribing harmful drugs and performing unnecessary surgeries is a backward approach to health care and is why we are getting sicker and sicker. Recently a medical researcher stated plainly, **"We are not living longer. We are dying longer."** In other words, we can keep people alive for longer and longer durations, but the majority of these people do not have a good quality of life. They cannot do most of the things that would allow them to live fulfilling lives.

Wouldn't it be great if we could work at staying healthy, instead of waiting to get sick? What if we could roll back the biological clock on the average person? What if 50 really was the new 40? Or 60 was the new 50?

What if we could set up a system to allow you to do things at the age of 50, that you thought were impossible to do at the age of 40, or 30 for that matter?

The **SAFETY PIN SYSTEM** design is to help you live longer, healthier. We are here to help you live longer and healthier, not die longer!!



THE SAFETY PIN SYSTEM

How does the **SAFETY PIN SYSTEM** work?

1. DISCOVERY – HEALTH DANGERS

Unique questions will lead to new answers.

We will begin by looking at the current state of your health and wellness. In essence, how are you doing right now? We will also ask you some detailed questions about your history and your family health history.

It is essential to understand that your current health problem started years ago and was multi-factorial in origin. The only exception would be an acute trauma like a car accident or severe sports injury. Even with acute traumas, the extent of the injuries is most often dependent on your health before the accident. Your answers to the following questions offer up clues to what dangers your body is currently encountering and will give us a baseline for comparison to future outcomes.

2. ANALYSIS - DISEASE CAUSATION

We will explore which lifestyle factors are affecting your overall health and your ability to live fully alive. It is a well-known fact that 80% of the risk factors for the two most feared killers, heart disease and cancer, are lifestyle-related. The same is true for the majority of chronic illnesses affecting patients today.

We will also take spinal x-rays to determine the shape, condition, and alignment of your spinal bones and discs. Your spinal bones and discs protect your spinal cord and spinal nerves, which carry millions of messages and signals throughout your body, telling your muscles, organs, and glands how to “function.” Just like a Safety Pin, when closed, your brain sends messages to your body, and your body sends

messages back to your brain, allowing your body to function better, heal better and, over time, feel better.

However, when the Safety Pin is open, there is a bone or disc out of alignment, putting stress and pressure on your spinal cord and spinal nerves. When this occurs, your brain cannot correctly communicate with your body, and your body begins to break down, disease and symptoms begin, and your quality of life diminishes rapidly. We will be performing spinal x-rays that will determine if your Safety Pin System is Open or Closed.

3. SOLUTION – CORRECT THE PROBLEM

Should we find a problem with your spinal x-rays, our doctors will design a spinal corrective program utilizing chiropractic adjustments and unique exercises to strengthen any weakness in the spine. Over time, with consistent frequency of appointments, our patients discover that there is a better and healthier version of themselves that they never knew.

Let's get started in understanding your problem and finding a solution.

DISCOVERY - HEALTH DANGERS

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Cell #: _____

Home #: _____ Age: _____ Birth date: _____

Workplace: _____ Office #: _____ Occupation: _____

Single Married Widowed

Social Security #: _____ Separated Divorced (SPOUSE'S NAME): _____

#of Children: _____ and their ages: _____ Referred by: _____

Dinner Talk, Lunch & Learn, Fit For The King

PREVIOUS TRAUMAS

MOTORIZED VEHICLE ACCIDENTS

Year: _____ Injuries: _____

Year: _____ Injuries: _____

Year: _____ Injuries: _____

High Speed Collisions >25 mph? Vehicles unrepairable?

Whiplash injury? Un-belted accident?

FALLS

Falls from heights _____

Falls down stairs _____

Other falls _____

Broken bones _____

Childhood falls _____

Falls from:

Trees Roof Play structure Bicycle

POSTURES & HABITS

Sitting >6 hours/day Stomach sleeper

Head forward posture

SPORTS & RECREATION:

Sports injuries: _____

Participation in High Impact Activities:

Football Wrestling Basketball

Running Mountain bike Climbing

Baseball Gymnastics _____

OCCUPATIONAL STRESSES

Occupation _____

Tasks _____

Work injuries _____

Home injuries _____

My job requires:

Heavy Lifting Awkward positions

Repetitive stresses Sitting long periods

BIRTH TRAUMA was your delivery

Difficult Forceps C-section

Epidural Suction Resuscitation

DISCOVERY - HEALTH DANGERS

WHAT IS YOUR PRESENT HEALTH CONCERN?

How long have you had this condition?

Have you had a similar condition in the past?

What activities aggravate your condition?

What relieves your condition?

Are you getting pain or numbness in your arms or legs?

Is your condition getting progressively worse?

Yes No It's constant It comes and goes

Pains are: Sharp Dull Burning

Tightness Throbbing

Pain severity (mark on the line, 0 no pain; 10 most severe)

0.....10

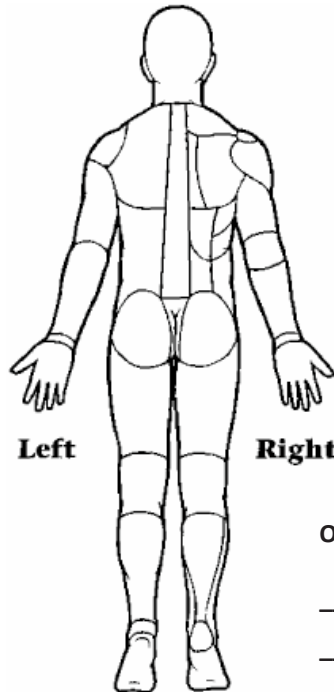
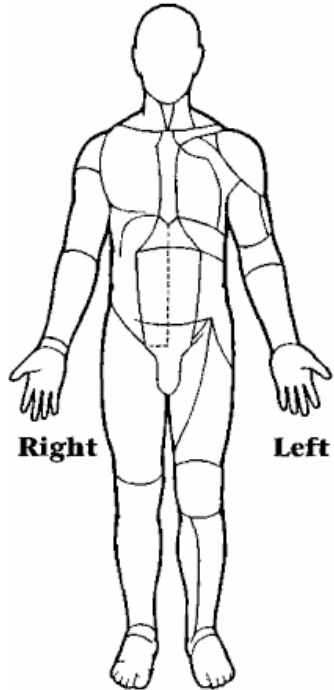
How is this condition interfering with your life?

Work Daily Routine _____

Other doctors who treated this condition:

FAMILY HEALTH PROBLEMS?

MARK WITH AN X ON THE DIAGRAM ANY PAST OR PRESENT PAIN OR PROBLEMS AND CHECK THE APPROPRIATE CIRCLE BELOW:



- Headaches Facial pain
- Vision problems Hearing problems
- Shoulder: Pain/Numbness/Tingling (circle)
- Arm: Pain/Numbness/Tingling (circle)
- Hand: Pain/Numbness/Tingling (circle)
- Hip: Pain/Numbness/Tingling (circle)
- Knee: Pain / Numbness / Tingling (circle)
- Foot: Pain/Numbness/Tingling
- Neck Pain
- Upper Back Pain
- Middle Back Pain
- Low Back Pain
- Sacroiliac Pain

OTHER HEALTH PROBLEMS?

DISCOVERY - HEALTH DANGERS

PLEASE CHECK ANY OF THE FOLLOWING SIGNS OF ORGAN MALFUNCTION OR DIS-EASE YOU HAVE EXPERIENCED:

- Blurred /failing vision
- Deafness /ringing in ears
- Earaches
- Sore throat /tonsillitis
- Thyroid problems
- Sinus problems

Cardiovascular system

- Chest Pain
- Shortness of Breath
- Heart Medication
- High Blood Pressure Medication
- High Cholesterol Medication
- Swelling of Legs

Respiratory system

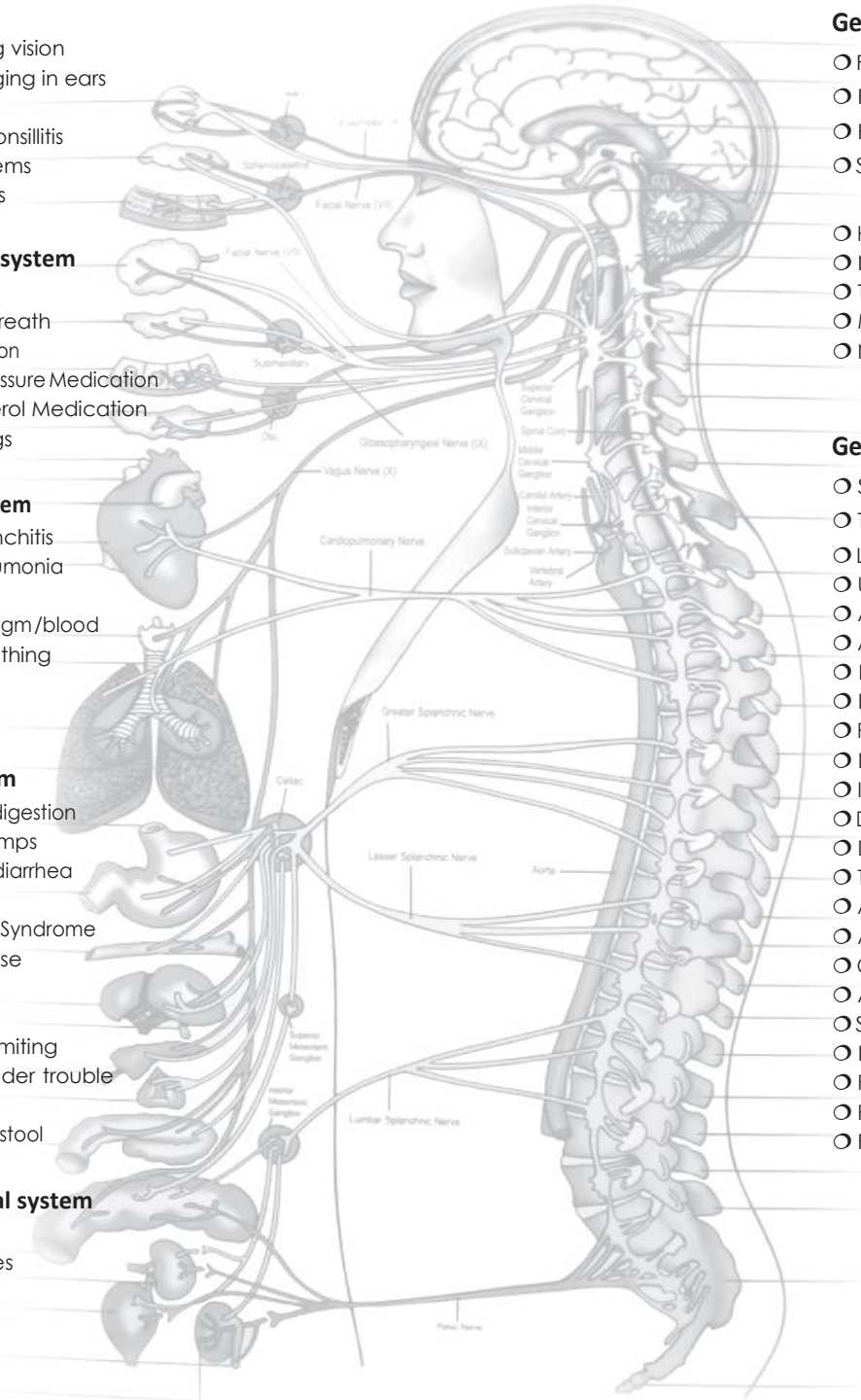
- Frequent bronchitis
- History of pneumonia
- Chronic cough
- Spitting up phlegm/blood
- Difficulty breathing
- Tuberculosis
- Pneumonia

Digestive system

- Heartburn /indigestion
- Stomach Cramps
- Constipation /diarrhea
- Food Allergy
- Irritable Bowel Syndrome
- Crohn's Disease
- Ulcers
- Belching /gas
- Nausea or vomiting
- Liver /gallbladder trouble
- Colon trouble
- Black /bloody stool

Musculoskeletal system

- Painful Joints
- Painful Muscles
- Tendinitis
- Bursitis
- Arthritis



General Symptoms

- Fever / chills /sweats
- Frequent colds
- Fainting / dizziness
- Seizures / convulsions
- Headaches /migraine
- Neck pain /stiffness
- Tension across shoulders, L R
- Mid-back pain /stiffness
- Numbness /tingling: hands /arms

General Symptoms

- Skin problems
- Tremors
- Loss of balance
- Unexplained weight loss/gain
- Anemia
- Alcoholism
- HIV/AIDS
- Loss of sleep
- Poor memory /concentration
- Learning disability
- Irritable /nervous /tension
- Depression /emotional problems
- Decreased energy / fatigue
- Tired /lethargic
- Autoimmune Disease
- Antibiotic Use
- Cancer: _____
- Allergies / Asthma
- Scoliosis /spinal curvature
- Low back pain / stiffness
- Faulty posture
- Painful tailbone
- Foot trouble, L R

Females Only

- Painful menstruation
- Cramps or backaches
- Passed menopause
- Currently pregnant? Y N
- Excessive /irregular flow
- Abnormal discharge
- Miscarriages # _____
- Date of last menstrual period: _____

DISCOVERY - HEALTH DANGERS

PERSONAL INFORMATION

How has your condition affected your quality of life? _____

How has your condition affected you emotionally? _____

How has your condition affected your family life and/or relationships? _____

If left uncorrected, how do you see your condition affecting your life over the next 1-5 years? _____

If you are a candidate for corrective care and if we were having this conversation 12 months from today, what has to happen over that time to make you feel happy with your progress? _____

What is your greatest motivation (other than pain) for seeking out a solution for your condition? (Mobility, quality of life, family, participation in sports, etc.) _____

Do you believe that this condition can improve? _____

INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

Assignment and Release: I agree to treatment by my doctor and such persons of the doctor's choosing, which may include interns, preceptors, Chiropractic Assistants, etc. And hereby provide my consent for treatment. I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Dr. James Olszewski (Chiropractor) all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of their signature on all insurance submissions.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examination, we encounter non-treatment for unusual findings, we will advise you. If you advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area. Regardless of what the disease or health issue is classified, 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 the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxation.

REGARDING XRAYS/IMAGING STUDIES → Please read carefully and check the boxes, then sign below if you understand and have no further questions, otherwise see our receptionist for more explanation.

- FEMALES ONLY** → I am **pregnant** and will not receive x-rays
- I am **not pregnant** and I am able to receive x-rays

By my signature below I am acknowledging that the doctor and or a member of the staff has discussed with me the hazardous effects of ionization to an unborn child, and I have conveyed my understanding of the risks associated with exposure to x-rays.

After careful consideration I therefore, do hereby consent to have diagnostic x-rays the doctor has deemed necessary in my case.

I have read the above statements and consent to treatment.

Signature _____ Date _____

DISEASE CAUSATION - ANALYSIS

EXERCISE

Do you participate in aerobic exercise at least 30 minutes per day?

- 0 days /week
- 1-2 days /week
- 3-4 days /week
- 5-7 days /week

Do you lift weights or do resistance training?

- P90x
- CrossFit
- Gym
- Other _____

What activities are you involved in that require balance?

- _____
- None

How often do you stretch per week?

- 0 days /week
- 1-2 days /week
- 3-4 days /week
- 5-7 days /week

EMOTIONAL STRESS

Are you currently experiencing, or have you ever experienced significant stress in the following areas?

- Marriage _____
- Kids _____
- Finances _____
- Work _____
- Elderly Parents- Caregiver _____
- Recent Major Life Events (births, deaths) _____

FAMILY HEALTH HISTORY

What significant health concerns have your family members experienced?

Parents / Siblings: _____

Spouse / Partner: _____

Children: _____

PREVIOUS CHIROPRACTIC CARE

Have you ever been to a chiropractor before? _____

Was it a positive experience? _____

If NO, please tell us why? _____

Was your care short-term pain relief or long-term structural correction? _____

Did you follow the Doctor's recommendations? _____

If NO, please tell us why? _____

CHEMICAL STRESSES: NUTRITION

Do you feel that you make healthy food choices?

- Yes
- No
- Don't Know

Do you have a high intake of fruits and vegetables?

- Yes
- No
- Don't Know

Do you have a high intake of lean meat for protein?

- Yes
- No
- Don't Know

Are you at your ideal body weight?

- Yes
- No
- Don't Know

CHEMICAL STRESSES: TOXIC LOAD

Do you presently, or have in the past:

- Smoke?
- Carry excessive weight?
- Consume Alcohol?
- Take recreational drugs?

MEDICATIONS

For what condition(s)? _____

SURGERIES

For what condition(s)? List (year performed) _____

Any other details that may assist the Doctor in understanding your lifestyle and health status:

WHAT YOU CAN EXPECT NOW

YOUR FIRST TWO VISITS

Welcome to the Rocket City Chiropractic! Today we have started a discovery process with you to determine the source of your health concerns.

THIS INCLUDES:

1. DISCOVERY – HEALTH DANGERS questionnaire
 - Detailed HEALTH HISTORY with one of our doctors.
2. ANALYSIS – DISEASE CAUSATION
 - Advanced DIGITAL SPINAL X-RAYS
 - Thorough SPINAL EXAMINATION
 - BIOMECHANICAL POSTURAL ASSESSMENT

Our doctors will then determine any abnormal postural and spinal misalignments (subluxation) and motion patterns, and how this is destructively affecting your central and peripheral nervous system and organ function.

No chiropractic corrective adjustments will be performed on the initial visit as our doctors will spend time creating an individualized recommended treatment plan and solution to correct the problem.

YOUR NEXT APPOINTMENT

3. SOLUTION – CORRECT THE PROBLEM

After your visit today, the doctor will invite you and your spouse to come back to the DOCTOR'S REPORT. The DOCTOR'S REPORT is an essential visit as we will go over x-rays and exam findings and answer any questions that you may have regarding your health goals. Should you qualify as a good candidate for reconstructive or structural Chiropractic care, your doctor will recommend a course of treatment over a period of time. The DOCTOR'S REPORT is held on Tuesdays at 6:00 PM and Thursdays at 10:30 AM.

At the Doctor's Report, the doctor will give a detailed overview of how reconstructive structural Chiropractic care works and the scientific evidence supporting the specialized work that we do. The doctor will also review the action plan for the SAFETY PIN SYSTEM. In a small group setting with other new patients, the doctor will discuss the SAFETY PIN SYSTEM. Then individually, you will review your x-rays with the doctor. This important appointment will be the most lengthy in our office. Please allow two hours for the Doctor's Report

We know that there **is tremendous power in you fully understanding** your problem and how we will work with you to correct it. That is why the Doctor's Report is detailed and very informative.

We ask that your spouse come to the Doctor's Report with you. Health information is complex, and it can be challenging to explain your results and the SAFETY PIN SYSTEM action plan to your spouse if they are not present at the report. Having support and understanding at home is key to your complete recovery.

After the doctor's overview, the doctor will privately review the results of your examination and X-Rays. Your doctor will outline a course of care, discussing how long it will take to correct your spine, how often you will come in for your adjustments, and the financial investment for your care and correction. At that point, you will receive your FIRST SPINAL CORRECTIVE ADJUSTMENT, and you and your spouse will be able to decide how you would like to proceed.

Thank you for giving us the privilege to determine if we can help you become fully alive. Thank you for giving us the privilege to determine if we can help you OPTIMIZE YOUR HEALTH.

Sincerely,

Dr. James Olszewski, Dr. Rob Comer, & the Rocket City Chiropractic Team

