



Acknowledgements

To set clear expectations, improve communications and help you get the best results in the shortest amount of time, please read each statement. Your signature at the bottom of this form acknowledges your agreement.

I instruct the chiropractor to deliver the care that, in his or her professional judgment, can best help in the restoration of my health. I also understand that the chiropractic care offered in this practice is based on the best available evidence and designed to reduce or correct the vertebral subluxation. Chiropractic is a separate and distinct healing art from medicine and does not proclaim to cure any named disease or entity. I further understand that there are certain degrees of risk associated with chiropractic health care and physical therapy, which includes rarely but not limited to fractures, strokes, and strains/sprains and am therefore willing to accept and consent to the risk associated with the care that I am about to receive.

I may request a copy of the Privacy Policy and understand it describes how my personal health information is protected and released on my behalf for seeking reimbursement from any involved third parties.

FEMALE PATIENTS: I realize that an x-ray examination may be hazardous to an unborn child and will let the doctors know if I believe that I may be pregnant.

I grant permission to be called to confirm or reschedule an appointment and to be sent occasional cards, letters, emails or health information to me as an extension of my care in this office.

I acknowledge that any insurance I may have is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive.

To the best of my ability, the information I have supplied is complete and truthful. I have not misrepresented the presence, severity or cause of my health concern.

If the patient is a minor child, print child's full name: _____

Signature: _____

Date: _____