
Chiropractic Care Statement (all patients)

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. A chiropractic adjustment is a specific manipulation to facilitate the body's correction of vertebral subluxation (a misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of proper healthy nerve function).

We do not diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment of those findings, we will recommend that you seek the services of another health care provider. Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others.

I have read and fully understand the above statement.

_____ / ____ / ____
(print name) (signature) (date)

Pregnancy Release (all female patients)

This is to certify that to the best of my knowledge, I am not pregnant and the doctor has my permission to perform an, x-ray evaluation. I have been advised that x-ray during pregnancy can be hazardous to the fetus.

_____ / ____ / ____
(print name) (signature) (date)

I am, or may be pregnant, and the doctor has my permission to perform cervical x-rays with the use of filters.

_____ / ____ / ____
(print name) (signature) (date)

Consent to Evaluate and Adjust a Minor Child (parent/guardian of all patients under age 18)

I am the parent or legal guardian of _____ and have read and fully
(print minor's full name)
understand the above terms of acceptance. I hereby grant permission for my child to receive chiropractic care.

_____ / ____ / ____
(print name) (signature) (date)
