



AGREEMENT

To Office Policy and Rules

1. I agree to x-ray(s) and to follow all recommendations made by the doctor, including the proper use of my spinal supports, doing my exercises as prescribed, etc.
2. I understand that any recommendation for future care will be made only after physical and/or x-ray reexamination.
3. I agree to make a personal financial agreement and promptly fill out all necessary medical legal and insurance forms to aid in the timely payment for my care.
4. I agree, if needed, to cancel or reschedule my appointment 24 hours in advance, or I may be subject to a missed appointment fee.

Informed Consent for Chiropractic Care

A patient, coming to the doctor of chiropractic, gives the doctor permission and authority to care for the patient in accordance with the chiropractic test, diagnosis, and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment if he/she is aware that such care is contraindicated. Again, it is the responsibility of the patient to make it known to the doctor of whatever he/she may be suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the doctor. The patient should look to the correct specialist for proper diagnosis and clinical procedures. The doctor of chiropractic provides a specialized, non-duplicating health service. The doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health regimen.

Signature of Responsible Party or Guardian

Date

Witness

Date

Patient's name if other than responsible party: _____

