

Patient Authorization

The signature of the patient below gives authorization to the office of New Health Chiropractic to comply with all of the following options. If you reject any of these options, please do so by placing your initials to the right of the option, along with today's date:

1. Mail out reminder cards for upcoming office visits.
2. Permission to contact my place of employment regarding my appointments.
3. Permission to leave messages at my place of employment regarding my appointment.
4. Permission to leave detailed messages on answering machine regarding appointment, treatment, or account balance.
5. Consent to file insurance claims.
6. Authorization to submit additional medical information to insurance companies to expedite handling of my claim.
7. Authorization to contact my medical physician regarding my medical history.
8. Authorization to E-Mail and/or text appointment reminders and/or office announcements or updates.
9. Please name individuals/family members to whom you give consent to access medical records/account balances.

Print name of Patient: _____

Parent/Guardian Signature: _____

Date: _____

CONSENT TO CHIROPRACTIC CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on me or on _____ by Dr. _____ in New Health Chiropractic Clinic.

Since Chiropractic is a health care profession distinct and separate from medicine, it is important that you understand some fundamental distinctions concerning Chiropractic care. Experience shows that informed patients make better choices concerning their health care.

Chiropractors do not diagnose or treat specific disease conditions such as cancer, diabetes, etc. Chiropractors are trained in the detection of Vertebral Subluxation Complex (VSC). VSC concerns the integrity of the spine, the central and peripheral nervous system, and the muscular system. Extensive scientific evidence suggests that imbalances in the musculoskeletal system can affect the ability of the nervous system to accurately transmit information to and from the muscles, organs and glands of the body. This nervous system interference decreases the body's natural recuperative ability. Chiropractic treatment in the Clinic consists of various procedures aimed at decreasing or eliminating nervous system interference and to increase the overall level of body function. You will receive nutritional recommendations if our analysis shows this would enhance your overall body function and well-being. Such advice is only a recommendation and is not to be considered treatment of a specific pathology.

I have been advised that although the incidence of complications associated with chiropractic services is very low, anyone undergoing adjusting or manipulative procedures should know of possible complications which have been alleged. These include, but are not limited to, fractures, disk injuries, strokes, dislocations, sprains, and those which relate to physical aberrations unknown or reasonably undetectable by the doctor.

I have read or have had read to me and understand the above consent. I understand my condition as the doctor has explained it to me. I understand the possible risks and complications of treatment. I also understand the alternative to the proposed treatment and the doctor's opinion concerning the consequences of not receiving treatment. The doctor has explained the probability of a satisfactory response to treatment and that he cannot guarantee a successful outcome.

Date

Patient Name

Print Name

Patient Signature

Relationship or authority if not signed by Patient

