
If a minor, print child's first name and Middle Initial Their Last Name Their Birth Date Height and Weight (lbs)

Your First Name and Middle Initial Your Last Name Your Birth Date Height and Weight (lbs)

Nickname or how you prefer to be addressed Gender: Male Female Marital Status: Single Married Divorced Widowed

Address City State ZIP

Local or Mailing Address (if different from above) City State ZIP

Your Home Phone Your Cell Phone Cell Phone Carrier Email Address

Your Occupation Spouse's Name Spouse's Phone

Emergency Contact (if other than spouse) Phone Relationship

Do you have any form of Medicare insurance? Yes No

How did you find out about us? Are your injuries due a motor vehicle accident or work injury? Yes No Have you filed a claim yet? Yes No

Prior Chiropractic Care — Who? Location When were you last seen? How long were you under care?

Number of visits? Reason for discontinuing? Any prior problems with adjustments we should know about?

SOCIAL HISTORY: Tell us about your health habits
 Alcohol use Daily Weekly How much? _____ Exercising Daily Weekly How much? _____ Water intake Daily Weekly How much? _____
 Tobacco use Daily Weekly How much? _____ Coffee use Daily Weekly How much? _____ Pain relievers Daily Weekly How much? _____
 Soft drinks Daily Weekly How much? _____

FAMILY HISTORY: Please check any conditions that any blood relatives have been diagnosed with.
 Arthritis High Blood Pressure Stroke Heart attack Cancer Diabetes Epilepsy Scoliosis Other: _____

INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of procedures, including chiropractic adjustments, examinations, diagnostic x-rays, and any supportive therapies on me (or on the patient named below, for whom I am legally responsible) by Discover Chiropractic and/or other licensed providers and support staff who now or in the future treat me while employed by, working or associated with or serving as back-up providers named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I have had an opportunity to discuss with the Discover Chiropractic provider and/or with other office or clinic personnel the nature and purpose of the procedures.

I understand and I am informed that, as is with all healthcare treatments, results are not guaranteed and there is no promise to cure. I further understand and I am informed that, as is with all healthcare treatments, there are some risks to treatment, including, but not limited to, muscle spasms for short periods of time, aggravating and/or temporary increase in symptoms, lack in improvement of symptoms, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the Discover Chiropractic provider to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

I further understand that treatment is designed to improve health. It can also alleviate certain symptoms through a conservative approach with hopes to avoid more invasive procedures. However, like all other health modalities, results are not guaranteed and there is no promise to cure. Accordingly, I understand that all payment(s) for treatment(s) are final and no refunds will be issued.

I further understand that there are treatment options available for my condition, these treatment options include, but not limited to self-administered, over the counter analgesics and rest; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers; steroid injections; bracing; and surgery. I understand and have been informed that I have the right to a second opinion and secure other opinions if I have concerns as to the nature of my symptoms and treatment options. I also understand that I may be called to reschedule an appointment and to be sent occasional cards, letters, text, emails or health information to me as an extension of my care.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Acknowledgements

To set clear expectations, improve communications and help you get the best results in the shortest amount of time, please read each statement and initial your agreement.

Initials _____ 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.

Initials _____ My records are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I authorize Discover Chiropractic to release any information requested by any insurance company, attorney or any doctor that is relative to my examination and treatment. I also authorize the payment of medical benefits directly to Discover Chiropractic.

Initials _____ 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.

Signature Today's Date