



Name _____ DOB _____ Age _____

Street Address _____ City _____

State & Zip _____ Phone () _____

Occupation _____ Recreation/Sport/Activity _____

How did you hear about Vitality Chiropractic Center: _____

Primary Reason For Visit: _____

Other Musculoskeletal History: _____

General Medical History: _____

Informed Consent for Treatment with Vitality Chiropractic Center

Please discuss any questions or concerns with the Doctor before signing this consent.

I hereby request and consent to the performance of manual adhesion release, instrument adhesion release and various modes of therapeutic exercises by the doctor of chiropractic and staff.

I have the opportunity to discuss with the doctor and/or with other office or clinic personnel the purpose and benefits of manual and instrument adhesion release and other treatments.

Alternatives to treatment have been reviewed. I understand and am informed that there are some risks to treatment. The most common risk is some soreness that occurs for a few days after the treatment. I understand that reputable practitioners cannot fully guarantee results.

I acknowledge that no guarantee or assurance has been made by anyone regarding the above treatments mentioned.

I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment

Signature of patient, parent guardian or personal representative:

Date _____

Doctors Signature & Date: _____

*******No call, No Show Policy*******

If you can not make your appointment, please try to give us a 24hr notice.

*****No Calls and No Shows will be charged a \$20 fee*****

We understand everyone is busy and things come up, but please try to call us as soon as possible if you can't make your appointment. We have reserved appointment times especially for you. By calling and letting us know, we can offer other patients your cancelled time. When you cancel your appointment at the last minute or don't call or no show, everyone loses: you, the doctor and other patients that would like to have utilized your appointment time.

Name: _____

Date: _____