

CHIROPRACTIC HEALTH CENTER OF PARMA
CONSENT TO CARE

A patient coming to the doctor gives his/her permission and authority to care for them in accordance with appropriate test, diagnosis and analysis. The clinical procedures performed are usually beneficial and seldom cause any problem. In rare cases underlying physical defects, deformities or pathologies may render the patient susceptible for injury. The doctor, or course will not provide specific healthcare, if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the physician.

I have read and understand the foregoing.

Patient's Signature: _____ Date _____

Consent to treat a minor

Patient Name: _____ Date _____

Authorized Signature: _____ Date _____

X-Ray Questionnaire:

- I do **NOT** have any non-visible piercings that the doctor should be aware of
 - I do have piercings that are not visible to the naked eye that the doctor should be aware of
- Specify: _____

For Women Only

Our consultation and examination may indicate that x-rays are necessary to accurately diagnose and analyze your condition. Should x-rays be necessary we would like to confirm that you are not pregnant at this time.

Name: _____

There is a possibility that I may be pregnant at this time

Yes, I am definitely pregnant

No, I am definitely not pregnant at this time

I request that x-ray films not be taken because:

Date of last menstrual period: _____

Patient's Signature

Date