



SHEPPARD
Spine and Sports Clinic

NEW PATIENT FORMS

TABLE OF CONTENTS

<u>New Patient Health History Form</u>	<u>3</u>
<u>Neck Disability Index</u>	<u>6</u>
<u>Back Index</u>	<u>7</u>
<u>Appointment & Financial Policies</u>	<u>8</u>
<u>Informed Consent</u>	<u>9</u>
<u>Privacy Policy</u>	<u>12</u>
<u>Consent to Treat a Minor</u>	<u>13</u>

NEW PATIENT HEALTH HISTORY FORM

PATIENT DATA				
FIRST NAME	LAST NAME	EMAIL	DATE	
ADDRESS		CITY	STATE	ZIP
TELEPHONE (WORK)	TELEPHONE (HOME)		REFERRED BY	
AGE	BIRTHDATE	SOCIAL SECURITY #	# OF CHILDREN	
OCCUPATION		EMPLOYER		
MARITAL STATUS	SPOUSE'S NAME		SPOUSE'S OCCUPATION	
SPOUSE'S EMPLOYER		SPOUSE'S HEALTH STATUS		
EMERGENCY CONTACT		PHONE		

CURRENT COMPLAINTS		
NATURE OF INJURY <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> WORK <input type="checkbox"/> OTHER		
PLEASE DESCRIBE INJURY:		
DATE OF INJURY	DATE SYMPTOMS APPEARED	HAVE YOU EVER HAD SAME CONDITION? IF YES, WHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST OF OTHER PRACTITIONERS SEEN FOR THE INJURY/CONDITION		
HAVE YOU EVER BEEN UNDER CHIROPRACTIC CARE? IF YES, PLEASE DESCRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO		

INSURANCE INFORMATION		
NAME OF PARTY RESPONSIBLE FOR PAYMENT	PHONE	
DO YOU HAVE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF INSURANCE COMPANY	
IF AN AUTO ACCIDENT, PLEASE PROVIDE--	NAME OF AUTO INSURANCE COMPANY	
CONTACT PERSON	PHONE	CLAIM #

I UNDERSTAND AND AGREE THAT HEALTH/ACCIDENT INSURANCE POLICIES ARE AN ARRANGEMENT BETWEEN AN INSURANCE CARRIER AND MYSELF. I UNDERSTAND AND AGREE THAT ALL SERVICES RENDERED TO ME AND CHARGED ARE MY PERSONAL RESPONSIBILITY FOR TIMELY PAYMENT. I UNDERSTAND THAT IF I SUSPEND OR TERMINATE MY CARE/TREATMENT, ANY FEES FOR PROFESSIONAL SERVICES RENDERED TO ME WILL BE IMMEDIATELY DUE AND PAYABLE.

PATIENT SIGNATURE

DATE

SPOUSE OR GUARDIAN SIGNATURE

DATE

MEDICAL HISTORY

HAVE YOU BEEN TREATED FOR ANY CONDITIONS IN THE LAST YEAR?
 YES NO

IF YES, PLEASE DESCRIBE

DATE OF LAST PHYSICAL EXAM	IS THERE A CHANCE THAT YOU ARE PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------------------	--

HAVE YOU HAD X-RAYS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?
--	---------------

WHAT MEDICATIONS ARE YOU TAKING AND FOR WHAT CONDITIONS (PLEASE LIST DOSAGE AND AMOUNTS)

WHAT VITAMINS, MINERALS, OR HERBS DO YOU CURRENTLY TAKE? (PLEASE LIST FOR WHAT CONDITIONS, DOSAGE, AND FREQUENCY)

HAVE YOU EVER	YES	NO	BRIEFLY EXPLAIN:
BROKEN BONES?	<input type="checkbox"/>	<input type="checkbox"/>	
BEEN HOSPITALIZED?	<input type="checkbox"/>	<input type="checkbox"/>	
BEEN IN AN AUTO ACCIDENT?	<input type="checkbox"/>	<input type="checkbox"/>	
HAD SPRAINS/STRAINS?	<input type="checkbox"/>	<input type="checkbox"/>	
BEEN STRUCK UNCONSCIOUS?	<input type="checkbox"/>	<input type="checkbox"/>	
HAD SURGERY?	<input type="checkbox"/>	<input type="checkbox"/>	

FURTHER QUESTIONS	YES	NO
DO YOU EXPERIENCE PAIN EVERYDAY?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOUR SYMPTOMS INTERFERE WITH DAILY LIFE?	<input type="checkbox"/>	<input type="checkbox"/>
DOES PAIN WAKE YOU UP AT NIGHT?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOUR SYMPTOMS WORSE DURING CERTAIN TIMES OF THE DAY?	<input type="checkbox"/>	<input type="checkbox"/>
DO CHANGES IN WEATHER AFFECT YOUR SYMPTOMS?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU WEAR ORTHOTICS?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU TAKE VITAMIN SUPPLEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
WHAT ACTIVITIES AGGRAVATE YOUR SYMPTOMS?	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY HISTORY

FAMILY MEMBERS - PRESENT AND PAST HEALTH CONDITIONS (EXAMPLE: HEART DISEASE, CANCER, DIABETES, ARTHRITIS, ETC.)

HABITS	NONE	LIGHT	MODERATE	HEAVY
ALCOHOL-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COFFEE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOBACCO-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRUGS-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXERCISE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLEEP-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPETITE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFT DRINKS-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALTY FOODS-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUGARY FOODS-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARTIFICIAL SWEETENERS-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

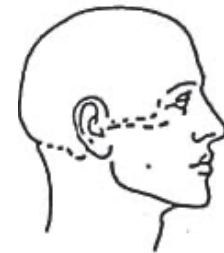
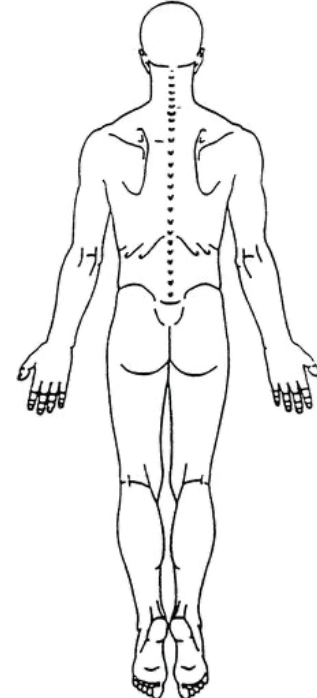
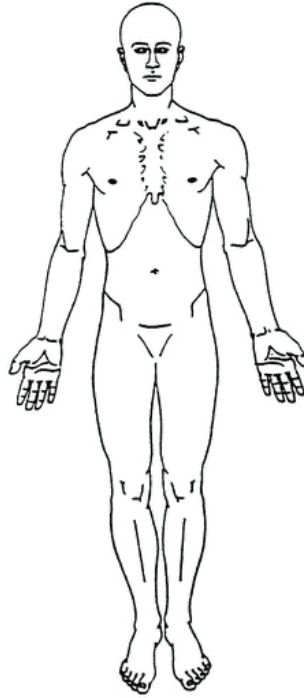
HAVE YOU EVER SUFFERED FROM

- ALCOHOLISM
- ALLERGIES
- ANEMIA
- ARTERIOSCLEROSIS
- ARTHRITIS
- ASTHMA
- BACK PAIN
- BREAST LUMP
- BRONCHITIS
- BRUISE EASILY
- CANCER
- CHEST PAIN/CONDITIONS
- COLD EXTREMITIES
- CONSTIPATION
- CRAMPS
- DEPRESSION
- DIABETES
- DIGESTION PROBLEMS
- DIZZINESS
- EARS RING
- EXCESSIVE MENSTRUATION
- EYE PAIN OR DIFFICULTIES
- FATIGUE
- FREQUENT URINATION
- HEADACHE
- HEMORRHOIDS
- HIGH BLOOD PRESSURE
- HOT FLASHES
- IRREGULAR HEART BEAT
- IRREGULAR CYCLE
- KIDNEY INFECTION
- KIDNEY STONES
- LOSS OF MEMORY
- LOSS OF BALANCE
- LOSS OF SMELL
- LOSS OF TASTE
- LUMPS IN BREAST
- NECK PAIN OR STIFFNESS
- NERVOUSNESS
- NOSEBLEEDS
- PACEMAKER
- POLIO
- POOR POSTURE
- PROSTATE TROUBLE
- SCIATICA
- SHORTNESS OF BREATH
- SINUS INFECTION
- SLEEP PROBLEMS OR INSOMNIA
- SPINAL CURVATURES
- STROKE
- SWELLING OF ANKLES
- SWOLLEN JOINTS
- THYROID CONDITION
- TUBERCULOSIS
- ULCERS
- VARICOSE VEINS
- VENEREAL DISEASE
- OTHER:

PLEASE USE THE FOLLOWING LETTERS TO INDICATE TYPE AND LOCATION OF THE SYMPTOMS YOU CURRENTLY ARE EXPERIENCING.

A = ACHE
B = BURNING
N = NUMBNESS

P = PINS & NEEDLES
S = STABBING
O = OTHER



NECK DISABILITY INDEX

PATIENT NAME _____

DATE _____

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one box that applies to you. We realize you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

1. PAIN INTENSITY:

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

2. PERSONAL CARE:

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

3. LIFTING:

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

4. READING:

- I can read as much as I want to with no pain in my neck
- I can read as much as I want to with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I can't read as much as I want because of moderate pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

5. HEADACHES:

- I have no headaches at all
- I have slight headaches, which come infrequently
- I have moderate headaches, which come infrequently
- I have moderate headaches, which come frequently
- I have severe headaches, which come frequently
- I have headaches almost all the time

6. CONCENTRATION:

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

7. WORK:

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

8. DRIVING:

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight pain in my neck
- I can drive my car as long as I want with moderate pain in my neck
- I can't drive my car as long as I want because of moderate pain in my neck
- I can hardly drive at all because of severe pain in my neck
- I can't drive my car at all

9. SLEEPING:

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

10. RECREATION:

- I am able to engage in all my recreation activities with no neck pain at all
- I am able to engage in all my recreation activities, with some pain in my neck
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck
- I am able to engage in a few of my usual recreation activities because of pain in my neck
- I can hardly do any recreation activities because of pain in my neck
- I can't do any recreation activities at all

SCORE

BACK INDEX

PATIENT NAME _____

DATE _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

PAIN INTENSITY:

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- The pain is very severe and does not vary much.

SLEEPING:

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal sleep is reduced by less than 25%.
- Because of pain my normal sleep is reduced by less than 50%.
- Because of pain my normal sleep is reduced by less than 75%.
- Pain prevents me from sleeping at all.

SITTING:

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain immediately.

STANDING:

- I can stand as long as I want without pain.
- I have some pain while standing but it does not increase with time.
- I cannot stand for longer than 1 hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases pain immediately.

LIFTING:

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.

PERSONAL CARE:

- I do not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain but I manage not to change my way of doing it.
- Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- Because of the pain I am unable to do any washing and dressing without help.

TRAVELING:

- I get no pain while traveling.
- I get some pain while traveling but none of my usual forms of travel make it worse.
- I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- I get extra pain while traveling which causes me to seek alternate forms of travel.
- Pain restricts all forms of travel except that done while lying down.
- Pain restricts all forms of travel.

WALKING:

- I have no pain while walking.
- I have some pain while walking but it doesn't increase with distance.
- I cannot walk more than 1 mile without increasing pain.
- I cannot walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

SOCIAL LIFE:

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant affect on my social life apart from limiting my more energetic interests.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

CHANGING DEGREE OF PAIN:

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

INDEX SCORE = [SUM OF ALL STATEMENTS SELECTED / (# OF SECTIONS WITH A STATEMENT SELECTED X 5)] X 100

SCORE

APPOINTMENT & FINANCIAL POLICIES

With our computer sign in system, each patient is assigned a pin number. Which phone number (including area code) would you like to use as your pin number?

This software also allows us to automatically confirm patient appointments using text or email notifications. Please choose which method you would prefer and file out the appropriate information.

Please choose only one option:

1. TEXT NOTIFICATIONS:

PHONE NUMBER:

PHONE CARRIER:

2. EMAIL NOTIFICATIONS:

EMAIL ADDRESS:

We would like to explain our financial policy. As customary with professional services, payment is due at the time of service. All services rendered are charged directly to you and you are personally responsible for payment. So that we have sufficient time for all our patients, we appreciate a 24-hour cancellation notice for all scheduled appointments. Failure to give 24-hour notice may result in a \$20.00 cancellation fee.

If you have any questions regarding financial matters, or are in need of payment arrangements, please feel free to consult with our staff. We are all here to make your chiropractic visits as effective and pleasant as possible.

PATIENT SIGNATURE

DATE

INFORMED CONSENT

Every type of health care is associated with some risk of a potential problem. This includes chiropractic health care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is a legal requirement in California. This is called informed consent.

Chiropractic adjustments are the moving of bones with the doctor's hands or with the use of a machine. Frequently adjustments create a "pop" or "click" sound/sensation in the area being treated.

In this office we use trained staff personnel to assist the doctor with portions of your consultation, examination, x-ray taking, physical therapy application traction, massage therapy, exercise instruction, etc. occasionally when your doctor is unavailable, another clinic doctor will treat you on that day.

STROKE: Stroke means that a portion of the brain or spinal cord does not receive enough oxygen from the blood stream. The results can be temporary or permanent dysfunction of the brain, with a very rare complication of death. The literature is mixed or uncertain as to whether chiropractic adjustments are associated with stroke or not. The most recent evidence suggests that it is not (2008, 2015, 2016), although the same evidence suggests that the patient may be entering the chiropractic office of the vertebral artery. If we think this is happening, you will be immediately referred to emergency services.

Anecdotal stories suggest that chiropractic adjustments may be associated with strokes that arise from the vertebral artery; this is because the vertebral artery is actually found inside the neck vertebrae. The adjustment that is suggested to increase the strain on the vertebral artery is called the "extension-rotation-thrust atlas adjustment." We do not do this type adjustment on patients. Other types of neck adjustments may also potentially be related to vertebral artery strokes, but no one is certain. It is estimated that the incidence of this stroke ranges between 1 per every 400,000-3,000,000 upper neck adjustments. This means that an average chiropractor would have to be in practice for hundreds of years before they would statistically be associated with a single patient stroke.

Two other potential problems that are not quantifiable because they are extremely rare and may have no association with chiropractic adjusting are carotid artery injury and spinal dural tear resulting in a leak of cerebral spinal fluid.

DISC HERNIATIONS: Disc herniations that create pressure on the spinal nerve or on the spinal cord are frequently successfully treated by chiropractors and chiropractic adjustments, traction, etc. this includes both in the neck and back. Yet, occasionally chiropractic treatment (adjustments, traction, etc.) will aggravate the problem and rarely surgery may become necessary for correction, these problems occur so rarely that there are no available statistics to quantify their incidence.

CAUDA EQUINA SYNDROME: Cauda Equina Syndrome occurs when a low back disc problem puts pressure on the nerves that control bowel, bladder, and sexual function. Representative symptoms include leaky bladder, or leaky bowels, or loss of sensation (numbness) around the pelvic sexual organs (the saddle area), or the inability to urinate or to start a bowel movement. Cauda Equina Syndrome is a medical emergency because the nerves that control these functions can permanently die, and those functions may be lost or compromised forever. The standard approach is to surgically decompress the nerves, and the window to do so is only 12-72 hours, depending. If you have any of these symptoms, tell us immediately, and if we can't be reached, go to the emergency department.

SOFT TISSUE INJURY: Soft tissues primarily refer to muscles and ligaments. Muscles move bones and ligaments limit joint movement. Rarely a chiropractic adjustment, traction, massage therapy, etc., may overstretch some muscle or ligament fibers. The result is a temporary increase in pain and necessary treatments for resolution, but there are no long term affects for the patient. These problems occur so rarely that there are no available statistics to quantify their incidence.

RIB AND OTHER FRACTURES: The ribs are found only in the thoracic spine or middle back. They extend from your back to your front chest area. Rarely a chiropractic adjustment will crack a rib bone, and this is referred to as a fracture. This occurs only on patient that have weakened bones from such things as osteoporosis. Osteoporosis can be noted on your x-rays. We adjust all patients very carefully, and especially those who have osteoporosis on their x-rays. These problems occur so rarely that there are no available statistics to quantify their incidence.

PHYSICAL THERAPY BURNS: Some of the machines we use generate heat. We also use both heat and ice, and recommend them for home care on occasion. Everyone's skin has different sensitivity to these modalities, and rarely, both heat or ice can burn or irritate the skin. These problems occur so rarely that there are no available statistics to quantify their incidence. Never put a home ice pack directly on the skin, always have an insulating towel between.

SORENESS: It is common for chiropractic adjustments, traction, massage therapy, exercise, etc. to result in a temporary increase in soreness in the region being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please do tell your doctor about it.

OTHER PROBLEMS: There may be other problems or complications that might arise from chiropractic treatment other than those noted above. These other problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance of treatment.

Chiropractic is a system of health care delivery, and, therefore, as with any healthcare delivery system we cannot promise a cure for any symptom, disease or condition as a result of treatment in this clinic. We will always give you our best care, and if results are not acceptable, we will refer you to another provider whom we feel will assist you r situation.

If you have any question on the above, please ask your doctor. When you have a full understanding, please sign and date below.

PATIENT'S NAME PRINTED

DATE

PATIENT'S SIGNATURE

PARENT OR GUARDIAN SIGNATURE FOR MINOR

SHEPPARD SPINE AND SPORTS CLINIC'S PRIVACY POLICY—SHORT FORM

Safeguarding your health information is important to us. As providers of care, we have certain practices to help protect your health information. This summarizes some of those privacy practices that are used by Sheppard Spine and Sports Clinic. You are entitled to receive and review our full length legal notice of privacy practices that you may obtain at our office or by calling (858) 350-6290.

The Health Insurance Portability and Accountability Act of 1996, or HIPP A allows the use of certain health information for the following activities:

- **TREATMENT:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- **PAYMENT:** We may use or disclose your health information to obtain payment for services we provide to you.
- **HEALTHCARE OPERATIONS:** We may use or disclose your health information in connection with our healthcare operations or when permitted by HIPP A. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and other business operations.

If our use or disclosure is not for one of the activities described above and is not otherwise permitted under HIPP A, we will ask you to complete a written authorization before we use or release your health information. When receiving services from us, you will also be able to decide whether we can discuss your health information with your family and friends.

Even if you have provided us with your authorization, you may withdraw that authorization, in writing, at any time to stop future disclosures of you health information.

HIPP A provides you with the following rights:

Restricting a use/disclosure, requesting confidential communications, inspecting and obtaining copies of your health information, requesting a change in your health information, requesting an accounting of disclosures of your health information, obtaining notice of our privacy polices.

If you believe that the privacy of your health information has been violated, you may contact us to discuss your concern or file a complaint at 858-350-6290 or 634 Stevens Ave. Solana Beach, CA 92075. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

By signing this form, you consent to our use and disclosure of your protected health information as indicated above and in the full length Notice of Privacy Practices. Please note that your personal information is not shared with third parties and use is restricted to procedures that are relevant to your care.

PATIENT SIGNATURE

DATE

CONSENT TO TREAT A MINOR

I, _____, hereby authorize the doctors and staff of Sheppard Spine and Sports Clinic to perform diagnostic tests and render chiropractic adjustments and other treatments to my minor child: _____

CHILD'S NAME

I certify that I have authority and responsibility to authorize treatment for the child.

INFORMED CONSENT:

I understand that chiropractic care is extremely safe; however I also understand that there are certain risks associated with any form of health care treatment. I accept that risk in order that he/she may receive treatment by the Doctors and Staff of Sheppard Spine and Sports Clinic.

PARENT OR LEGAL GUARDIAN NAME PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

RELATIONSHIP TO PATIENT

DATE