

DeForest Chiropractic Clinic

815 E. Latham Ave • Hemet • Ca • 92543 • (951) 925-2400

Consent for Chiropractic Treatment DeForest Chiropractic

I hereby request and consent to the performance of chiropractic adjustment and my chiropractic procedures including examination, test, diagnostic x-ray and physical therapy techniques, on me (or patient named below, for which I am legally responsible) by Dr. Lisa DeForest. I understand and agree that health and accident insurance policies are an arrangement between carrier and myself. However, I clearly understand and agree that all services rendered are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due payable.

I understand that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor 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 procedures that the doctor feels necessary at the time, based on the facts that are known to be in my best interest.

I have read, or have had read to me, the above consent. By signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any further condition(s) for which I seek treatment.

Patients Name

Date

Signature

Acknowledgement of Receipt of Privacy Regulations DeForest Chiropractic INC.

Name of Patient _____

Phone Number _____

Do you have an answering machine? If yes can we leave a message? ☐ Yes ☐ No

Would you like us to use your cell phone to contact you? ☐ Yes ☐ No

Cell Phone Number () _____

Is it all right to leave a message for you with anyone other than yourself at;

Home ☐ Yes ☐ No

Other _____

I hereby acknowledge that I read the Notice of Privacy Practices for the office of Dr. Lisa DeForest.

Signature _____

☐ Patient ☐ Parent ☐ Guardian

Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communication barriers prohibited us from obtaining acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (please specify) _____