

HOSKINS FAMILY CHIROPRACTIC—BOILING SPRINGS, SC INFORMATION & CONSENT FORM

Name: _____ Family: _____
 Street: _____ City: _____ St _____ Zip _____
 Phone Number: _____ Cell? eMail Address: _____
 Birth Date: ____/____/____ Gender: F M Referral Source: _____

Family Members To Include:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I admit to having read the “Informed Consent” sheet provided. I also admit that I have had any questions answered to my satisfaction. I authorize Chiropractic Adjustments to be administered to me (and/or the above listed persons).

Chiropractic has only one goal—to remove nerve interference caused by a misalignments of spinal bones. It is important to understand that diagnosis and treatment of conditions, or removing pain, is NOT the objective of this office. ***Removing nerve interference through specific Chiropractic Adjustments is the ONLY goal of Chiropractic in this office.*** However, you may get relief of your symptoms from the care you receive. **Maximizing your health, wellness and life through regular spinal Adjustments is our PRIMARY GOAL.**

RESPONSIBILITY	COMMITMENT	HELPING OTHERS
<p>I take Responsibility for my health, starting right now.</p> <p>I take Responsibility for the hard work it will take to achieve and keep that status of ‘good health’.</p> <p>I take Responsibility for where I am, and refuse to dwell on it.</p> <p>I take Responsibility for the outcomes of all my health decisions—good, bad, indifferent—starting right now.</p>	<p>I willingly, eagerly Commit, right now, to do the work I am responsible for to get to ‘good health’ and stay there.</p> <p>I Commit to showing up, on a regular basis, to get checked for Vertebral Subluxation.</p> <p>I Commit to start and continue doing what is right for my body, right now.</p>	<p>I commit to the responsibility I have to share what I am learning about ‘good health’ with others. Family first, friends, neighbors, everyone I meet. Always in good taste, always with respect. The family grows when each member grows. I want my community, the one I live in, to be in the best ‘health’ it can be.</p>



I accept Chiropractic, here, on this basis.

 Signature
 (Parent or Guardian if under 18 years of age)

Date : _____