

**pureCHIROnow - HOSKINS FAMILY CHIROPRACTIC  
INFORMATION & CONSENT FORM**

Name: \_\_\_\_\_ *Valid Phone & Email are ESSENTIAL to stay Connected*  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ [] Cell? eMail Address: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F M Referral Source: \_\_\_\_\_

**Family Members To Include:**

Name	Sex	Birthdate	Name	Sex	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.**

<p style="text-align: center;"><b>RESPONSIBILITY</b></p> <p>I take <b>Responsibility</b> for my health, starting right now.                  I take <b>Responsibility</b> for the hard work it will take to achieve and keep that status of ‘good health’.                  I take <b>Responsibility</b> for where I am, and refuse to dwell on it.                  I take <b>Responsibility</b> for the outcomes of all my health decisions—good, bad, indifferent—starting right now.</p>	<p style="text-align: center;"><b>COMMITMENT</b></p> <p>I willingly, eagerly <b>Commit</b>, right now, to do the work I am responsible for to get to ‘good health’ and stay there.                  I <b>Commit</b> to showing up, on a regular basis, to get checked for Vertebral Subluxation.                  I <b>Commit</b> to start and continue doing what is right for my body, right now.</p>	<p style="text-align: center;"><b>HELPING OTHERS</b></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. <b>Always</b> in good taste, <b>always</b> 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 : \_\_\_\_\_