

X-ray Questionnaire: 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

Consent to Chiropractic Care

Chiropractic is a science and art which concerns itself with the relationship between the structure (spine) and function (nervous system) as that relationship may affect the preservation and restoration of health. An Adjustment is the specific application of forces to correct and/ or reduce spinal misalignments. Adjustments are usually done by hand but may be performed by handheld instruments. Chiropractic care, like all forms of health care, offers considerable benefit may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition, and rarely, fractures. One of the rarest complications associated with chiropractic care, occurring at a rate between one per one million to two million cervical spine (neck) adjustments may be a vertebral artery injury that could lead to stroke.

Prior to receiving chiropractic care this Chiropractic office, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and, in particular, your spine health. These procedures will assist us in determining if chiropractic care is needed, or if any further examinations & studies are indicated. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care. The patient assumes all responsibility/liability if the patient does not report on health forms any past medical history, illnesses, medicines, or allergies. The doctor, of course, will not provide specific healthcare, if he/she is aware that such care may be contraindicated.

I understand and accept that there are risks associated with chiropractic care and give consent to the examinations that the doctor deems necessary, and to the chiropractic care including spinal adjustments, as reported following my assessment. I

acknowledge that no guarantees have been made to me concerning the results of care and treatment.

This notice is effective as of the date it is signed and will expire seven years after the date on which you last received services from us.

Patient's Signature

Date

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