Hill Country Chiropractic

311 West Main St - Kerrville, TX 78028 - 830.896.4108

CONSENT TO TREAT

I consent to allow the doctors, associates and designated staff of the clinic to treat me with physical medicine modalities and manual spinal manipulation. I acknowledge there is a risk associated with such care and it could result in stroke, paralysis, dislocation, fracture or otherwise could worsen a condition. I hereby acknowledge and understand these risks and permit the treatment to begin and follow through to the end of care at this clinic.

PATIENT SIGNATURE _____ DATE _____
PATIENT REPRESENTATIVE SIGNATURE _____ DATE _____
RELATIONSHIP TO PATIENT_____

GUARDIANSHIP CONSENT

I consent to all the doctors, associates and designated staff of the clinic to treat my child or war (name and age of child or ward) _____ with physical medicine modalities and manual spinal manipulation.

PATIENT REPRESENTATIVE SIGNATURE _____
RELATIONSHIP TO PATIENT _____

CONSENT TO X-RAY

I authorize the performance of diagnostic X-Ray examination of myself which the doctor may consider necessary or advisable in the course of my examination and treatment.

PATIENT SIGNATURE _____ DATE _____
PATIENT REPRESENTATIVE SIGNATURE _____ DATE _____
RELATIONSHIP TO PATIENT _____

I authorize the performance of diagnostic X-Ray examination of my child or ward, (name and age of child or ward) _____ which the doctor may consider necessary or advisable in the course of examination and treatment.

PATIENT REPRESENTATIVE SIGNATURE _____ DATE _____
RELATIONSHIP TO PATIENT _____ DATE_____

NON-PREGNANCY STATEMENT

I certify that, to the best of my knowledge, I am not pregnant (or the above-mentioned child or ward is not pregnant) and the above doctor or associates have my permission to perform said diagnostic X-Ray examination. I have been advised that X-Rays can be hazardous to an unborn child.

PATIENT SIGNATURE _____ DATE _____
PATIENT REPRESENTATIVE SIGNATURE _____ DATE _____
RELATIONSHIP TO PATIENT _____

PREGNANCY STATEMENT

I certify that, to the best of my knowledge, I am pregnant and gestation is approximately _____weeks into the stages of pregnancy.

PATIENT SIGNATURE _____