



Acknowledgements

Amended 5-1-2024.

To set clear expectations and improve communications, please read each statement and initial your agreement to the following:

Initials _____ I instruct the chiropractor to deliver the care that, in his or her professional judgment, can best help me in the restoration of my health. I also understand that the chiropractic care offered in this practice is based on the best available evidence and designed to reduce or correct vertebral subluxation. Chiropractic care is a separate and distinct healing art from medicine and does not proclaim to cure any named disease or entity.

Initials _____ I may request a copy of our Notice Privacy Practices here at Sheldon Chiropractic & Wellness. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. You may obtain additional copies of our most current notice by requesting it from anyone in our office.

Initials _____ I realize that an X-ray examination may be hazardous to an unborn child, and I certify to the best of my knowledge that I am not pregnant.

Initials _____ I grant permission to be called/sent text reminders to confirm an appointment and to be sent occasional cards, letters, emails or health information to me as an extension of my care. If you agree to receiving texts, please provide your phone carrier here (Verizon, T-Mobile, etc.): _____

Initials _____ I acknowledge that any insurance I may have is an agreement between the carrier and myself and that I am responsible for payment at the time of service.

Initials _____ To the best of my ability, the information I have supplied is complete and truthful.

Patient Name

Patient (or guardian/representative's) Signature

Date