

## CONSENT FOR TREATMENT/TERMS OF ACCEPTANCE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy, acupuncture and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by Dr. Sammy R. Hardin and/or other licensed doctors of chiropractic who now or in the future treat me while employed by, working or associated with or serving as back-up for Dr. Sammy R. Hardin, including those working at the clinic or office located at 2001 Central Circle McKinney, Texas, or any other clinic owned and operated by Dr. Sammy R. Hardin, whether signatories to this form or not.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests

When a patient seeks chiropractic health care and is accepted as a patient for such care, it is essential for both the patient and the doctor to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustment of the spine.

**Health:** A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I understand that all records and x-rays taken in this office or any other facility are the property of Hardin Family Chiropractic Clinic.

I have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian/Representative signature \_\_\_\_\_

Office signature \_\_\_\_\_ Date \_\_\_\_\_

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## PREGNANCY AFFIRMATION

I affirm, to the best of my knowledge that I am not currently pregnant. Should this condition change I will notify Dr. Hardin and/or his staff as soon as possible.

Date of Last Menstrual Period \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian/Representative signature \_\_\_\_\_

# NEW PATIENT INFORMATION

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**STEP ONE:** (Day One)  
New patients will complete this detailed personal information form.

**STEP TWO:** (Day One)  
A consultation with Doctor Hardin to discuss your specific health problem and to determine what may be the cause.

**STEP THREE:** (Day One)  
A comprehensive examination and evaluation will be performed. This includes those tests necessary to determine the precise cause of your condition.

**STEP FOUR:** (Day One)  
Doctor Hardin will advise you if additional laboratory tests or other tests including x-rays are needed.

**STEP FIVE:** (Day One)  
First aid treatment will be provided if warranted, and you will be advised of any home directions necessary to protect your health.

**STEP SIX:** (Day Two)  
A Report of Findings will be presented, at which time the cause of your problem will be discussed. You will be given a thorough explanation of how chiropractic works and how best results can be obtained. You will also be advised how our office procedure works.

**STEP SEVEN:** (Day Two)  
The first adjustment will be performed. This completes the diagnostic procedures; we will monitor response overnight.

**STEP EIGHT:** (Day Three)  
An estimate of the future care that is needed will be given and upon your acceptance, a care plan will be established and followed until you obtain maximum correction for your body.

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**EQUALS**