

Dance With Life Chiropractic

Vital Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cellular Phone: (_____) _____

Occupation: _____ Employer: _____

Work Phone: (_____) _____ E-Mail: _____

Date of Birth: ____/____/____ Age: _____

Marital Status: Married __ Single __ Partnered __ Widowed __ Divorced __ Separated __

Name of Spouse: _____ Do you have children? Y / N __ # of children

Names and Ages of Children: _____

Reason for seeking services at *Dance with Life Chiropractic*? _____

How has this affected your life (family, occupation, recreation, overall health, etc.)?

Whom may we thank for referring you to DWLC? _____

Is there anything about your Nerve System and Spine we should know ? _____

On a scale of 1 to 10 (with 10 being the highest), what is your level of commitment to yourself, your life and well-being? _____

Would you like to enjoy our monthly E-NEWSLETTER with events, healing specials & health resources? Yes No

Who is financially responsible for your care at DWLC? _____

Dance with Life Chiropractic

Philosophical Agreement / Terms of Agreement

Dance with Life Chiropractic exists to make a positive contribution to the lives of people by assisting them to express and experience more vitality in their body and greater wellness in all aspects of their Life. As we begin working together to make changes in your Health and Life, it is essential that we both share a clear understanding of our objectives, goals and responsibilities in this special relationship.

The Life Force is the essence of what sustains us, from the moment of conception until our last breath. It is Life that creates, re-creates, adapts and allows for well-being and healing within us.

The Nervous System is the medium used for the transfer of vital information essential for all Human Works - from body functions to emotions, creativity, performance and spiritual expression. This "Innernet" is our link between the inner and outer world. By far, this is the most efficient, specialized, sophisticated, complex and delicate biological information highway known to humanity.

The "Innernet" consist of the brain, the spinal cord, the nerves and a dazzling array of neurotransmitters. The extensiveness of the Nervous System is such that it is impossible to determine where the brain ends and where the body begins.

When we experience stresses (physical, mental, emotional or chemical) that exceed the capacity of our Nervous System to adapt, Subluxation results. A Subluxation is a disruption in the communication of the Nervous System and a distortion in the physical structure of the body. It is the body's gift to you, a way of saving the energy of these stresses so it may later be utilized as fuel for growth, development and evolution.

In this office, the sole purpose of the Chiropractic adjustment is to release Subluxations in your spine and paraspinal tissues and to thereby restore a free flow in your Life Force and your Nervous System's communication. This ultimately enhances one's ability to express, develop and experience Life fully and to heal biologically and at the core.

Chiropractic adjustments free up Life Force, thus allowing every individual, whether a newborn, an athlete or a grandparent, to enjoy more Life. Due to greater Life Force flow, all areas of a person's Life improve. In some people, physical, emotional o

r mental challenges may clear up quickly; in others, the process is slower; and in some, it is partial or not at all. Yet everyone will benefit on some level from greater Life expression.

Chiropractic is not a substitute, an alternative or a preventative form of medicine. Chiropractic specializes in the expression of Life, wellness, healing and well-being, whereas Medicine specializes in the diagnosis and treatment of symptoms, sickness and disease.

It is not the goal or intention of **Dance with Life Chiropractic** to diagnose, treat or attempt to cure any physical, mental, emotional ailments, or to give advice about medical conditions. If while being served you become concerned about symptoms or conditions, we encourage you to seek the council of a medical disease care professional.

I, _____, the undersigned, have read and understood the above statement and choose to receive chiropractic care at **Dance with Life Chiropractic** with this understanding.

Signed _____

Date _____

Chiropractic Informed Consent to Adjust

I hereby request and consent to the performance of chiropractic procedures, including various modes of physiotherapy, diagnostic x-rays, and any supportive therapies on me (or on the person named below, for whom I am legally responsible) by the doctor of chiropractic indicated below and/or other licensed doctors of chiropractic and support staff who now or in the future treat me while employed by, working or associated with or serving as back-up for the doctor of chiropractic named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I have had an opportunity to discuss with the doctor of chiropractic named below and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and procedures.

I understand and I am informed that, as is with all Healthcare treatments, results are not guaranteed and there is no promise to cure. I further understand and I am informed that, as is with all Healthcare treatments, in the practice of chiropractic there are some risks to treatment, including, but not limited to, muscle spasms for short periods of time, aggravating and/or temporary increase in symptoms, lack in improvement in symptoms, fractures, disc injuries, strokes, dislocations and sprains. 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.

I further understand that Chiropractic adjustments and supportive treatment is designed to reduce and/or correct subluxations, allowing the body to return to improved health. It can also alleviate certain symptoms through a conservative approach with hopes to avoid more invasive procedures. However, like all other health modalities, results are not guaranteed and there is no promise to cure. Accordingly, I understand that all payment(s) for adjustment(s) are final and no refunds will be issued. However, prorated fees for unused, prepaid treatments will be refunded if you wish to cancel the treatment.

I further understand that there are treatment options available for my condition other than chiropractic procedures. These treatment options include but are not limited to self-administered, over the counter analgesics and rest; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and painkillers; physical therapy; steroid injections; bracing; and surgery. I understand and have been informed that I have the right to a second opinion and can secure other opinions if I have concerns as to the nature of my symptoms and treatment options.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent to cover the entire course of my care, both present and future.

Name of Patient _____

Signature of Patient _____

Name Printed of Guardian / Parental Relationship to Patient _____

Guardian / Parental Signature _____

Date _____

Doctor of Chiropractic Name _____

Signature of Doctor of Chiropractic _____