



A TEAM APPROACH TO WELLNESS

### X-RAY CONSENT FORM

X-rays may be harmful to an unborn child. The purpose of the X-rays about to be taken is to analyze the spine for vertebral subluxations and to determine the propriety of chiropractic spinal adjustments.

I fully understand the above, and consent to chiropractic spinal X-rays.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### THERAPEUTIC MODALITY CONSENT FORM

CHECK THE CONDITIONS WHICH YOU HAVE PREVIOUSLY BEEN DIAGNOSED WITH:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Osteomalacia
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Raynaud's Disease
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Buerger's Disease
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Metallic Implants
<input type="checkbox"/> Rickets	<input type="checkbox"/> Breast Implants
<input type="checkbox"/> Pott's Disease	<input type="checkbox"/> Pregnant-Now
<input type="checkbox"/> Hypersensitive-Heat/Cold	<input type="checkbox"/> High Blood Pressure

I hereby state that, to the best of my knowledge, I **have been** diagnosed with the above conditions indicated by check mark:

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

I hereby state that, to the best of my knowledge, I **have not** been diagnosed with any of the above conditions:

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date