



**“Our Mission is to Improve Quality of Life Through Affordable Chiropractic Care”.**

237 S. Battlefield Blvd., #22, Chesapeake, VA 23322  
(757) 482-8445      www.chesapeakechiro.com

## VITAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender      M      F

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Reason for seeking services at in8 Chiropractic

Who can we thank for referring you to us? \_\_\_\_\_

Is there anything about your spine and/or nervous system that we should know about? (ie. previous surgeries)

Any other health related concerns / challenges? Any previous diagnosis?

**For Women Only**

Are you pregnant?      \_\_\_ No      \_\_\_ Yes      If so, in what week of pregnancy are you? \_\_\_\_\_

Signature

Date

# in8 Chiropractic

## INFORMED CONSENT

When a person seeks chiropractic health care and we accept a person for such care, it is essential for both to be working toward the same objective.

Chiropractic has only one goal. It is important that each person 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 adjustments 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 vertebra 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 chiropractic spinal evaluation, 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 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 subluxation.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(print name)

All questions regarding the chiropractor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

### Consent to evaluate and adjust a minor child:

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_  
have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

\_\_\_\_\_  
(signature of legal guardian)

\_\_\_\_\_  
(date)