

Chiropractic Health Management: Parental Consent Form

Patient Information

Child's Name: _____ Date of Birth: _____

Social Security Number: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Home Phone: _____

Chief Complains of Child

1) _____

How long has your child been experiencing this pain? _____

2) _____

How long has your child been experiencing this pain? _____

3) _____

How long has your child been experiencing this pain? _____

4) _____

How long has your child been experiencing this pain? _____

Consent to Treat a Minor

I hereby authorize Chiropractic Health Management to administer chiropractic care as deemed necessary to my child.

Parent Signature: _____ Date: _____

Witness' Signature: _____ Date: _____