Welcome To
Riverstone Chiropractic

Purpose: **We are excited and committed to providing excellent chiropractic care and patient education to help people attain and maintain a higher quality of life!**

Please complete this form thoroughly so we can assist you better. Thank You!

Name: _____ Today's Date: _____ / _____ / _____
Address: _____ City: _____ State: ___ Zip: _____
Home Phone: _____ ____ Cell Phone: _____ _____ Work Phone: _____ ___
Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Occupation: _____ Job Activities: _____
Marital Status: _____ Number of Children: ____ Referred By: _____

Payment Method: Cash ___ Check ___ Credit/Debit Card ___ Insurance: _____

Your reason for contacting us: _____
_____
_____

Previous accidents or injuries: _____
_____
_____

Family history of spinal problems: _____
_____
_____

Previous chiropractic care: _____
_____
_____

Medical conditions (past or present):
_____
_____

Riverstone Chiropractic

TERMS OF ACCEPTANCE

When a person seeks the services of a chiropractor, it is essential that they clearly understand the objectives of chiropractic care.

It is not the goal or intention of this chiropractic office to treat or cure any physical , mental, or emotional ailments or to diagnose or give advice about any ailments.

Our only goal and intention is to keep the body as free from spinal sublaxations as we can. We do this because of our absolute conviction that every human being functions better on all levels when no sublaxations are present. We do not do it as a treatment for any ailment.

I, _____, understand chiropractic services on the understanding of an agreement with the above explanation.

_____ ___ _____

Patient Signature **Date**

_____ ___ _____

Witness Signature **Date**

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CONSENT FOR TREATMENT

I, the undersigned and patient of this clinic, hereby authorize _____ and whomever he/she may designate as his assistant(s), to administer treatment as he deems necessary.

I also certify that no guarantee or assurance has been made as to the results that will be obtained.

I understand and agree that health and employee benefit plans, health insurance, and accident insurance policies are arrangements or contracts between myself and the offering company and in no way obligates this doctor's fees for service to such agreements unless he/she is a member of my preferred provider benefit plan. (Additional exceptions are Workers' Compensation, Medicaid, and Medicare.)

Furthermore, I understand that any amount authorized to be paid directly to this office will be credited to my account. I permit this office to endorse co-issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment.

In any event of future default regarding any payment arrangements made between us, I hereby understand that interest may be added to my account at the rate of 1.5% per month on any unpaid balance.

_____ ___ _____

Patient Signature **Date**

_____ ___ _____

Witness Signature **Date**

Riverstone Chiropractic

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, authorize the release of any medical information to process my insurance claim(s) and also certify that all insurance information given to this clinic is correct and complete.

_____ ___ _____
Patient Signature Date

_____ ___ _____
Witness Signature Date

REQUEST FOR PAYMENT OF BENEFITS TO PROVIDER OF CARE

I, _____, hereby authorize the insurance company or insurance administrator to pay respectively and directly to:

Riverstone Chiropractic
214 Riverstone Drive
Canton, Georgia 30114

_____ ___ _____
Patient Signature Date

_____ ___ _____
Witness Signature Date

CONSENT FOR TREATMENT OF A MINOR

I, _____, hereby authorize Riverstone Chiropractic and its doctors and assigned designates to administer health care services, as they deem necessary, to _____, a minor in my care and that I am personally responsible and ultimately responsible for said fees for service.

_____ ___ _____
Parent Signature Date

_____ ___ _____
Witness Signature Date