



WESTLAKE SPORTS THERAPY INC.

Patient Notifications:

Please read the following statements and initial on each line.

I clearly understand that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable within thirty days. I also understand that if my payment is late, an appropriate late fee will be added to my balance and or collection fees. **Likewise any cancelled appointments made without 24 hours notice or a “no-show” appointment will result in a fee billed directly to the patient** _____ (Pt initials)

I clearly understand that my responsibility for the treatment I am requesting with Body Logic Chiropractic and/or Westlake Sports Therapy Inc is \$125 for the initial Evaluation and \$85 for each half hour session with the Doctor, Therapist or intern. _____ (Pt initials)

I hereby instruct my insurance company to make direct payment to my doctor, and or in care of myself, Body Logic Chiropractic and Westlake Sports Therapy Inc. I also authorize the release of any information pertinent to my case such as medical records and or reports to my insurance company, adjuster or attorney involved. _____ (Pt initials)

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapy, on me (or on the patient named below, for whom I am legally responsible) by the Doctor or intern, affiliated with Body Logic Chiropractic and Westlake Sports Therapy Inc. _____ (Pt initials)

I understand that, as in the practice of medicine, in the practice of chiropractic care and physical therapy, there are some risks to treatment, including but not limited to, fractures, disc injuries, strokes, dislocations and sprains. In addition, Graston Technique (GT) is an instrument-assisted variation of traditional cross fiber or transverse friction massage. GT is a form of treatment used to “break up” or “soften” scar tissue, thus allowing for the return of normal function in the area being treated. Graston Technique may produce the following: Local discomfort during the treatment, reddening of the skin, superficial tissue bruising, and or post treatment soreness. I do not expect the Doctor or therapist to be able to anticipate and explain all risks and complications. I wish to rely on the Doctor and/or Therapist to exercise judgment during the course of the procedure, which the Doctor feels at the time, based on the facts then known, and is my best interests. _____ (Pt initials)

I have read, or have had read to me, the above consent. By signing below I agree to the above, and allow the Doctor or intern, affiliated with Body Logic Chiropractic and/or Westlake Sports Therapy Inc. to perform such. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Responsible Party Name (please print clearly): _____

Responsible Party Signature: _____ Date Signed: _____

Physical Therapy - Chiropractic - Massage Therapy - Personal & Athletic Training