





537 West Sugar Creek Road, Suite 101  
Charlotte, North Carolina 28213

Dr. Henry E. Rice  
Dr. Ferzaan A. Ali  
Dr. R. Scott Saario

Have you ever had chiropractic care before?

Yes: \_\_\_\_\_

If Yes, where? \_\_\_\_\_

No: \_\_\_\_\_

How did you hear about our practice? (Please be specific)

Relative \_\_\_\_\_

Friend \_\_\_\_\_

Doctor \_\_\_\_\_

Sign \_\_\_\_\_

Billboard \_\_\_\_\_

Yellow Pages \_\_\_\_\_

Other \_\_\_\_\_

.....  
In reference to your child's health insurance: (please choose one and initial on the line)

\_\_\_\_\_ My child has health insurance and I wish to have it filed if it includes chiropractic coverage.

\_\_\_\_\_ My child does not have health insurance.

\_\_\_\_\_ My child has health insurance but choose not to have it filed for this injury/illness. You will need to pay for each visit at time of service.

.....  
I have had a copy of ChiroCarolina's "HIPAA Notice of Privacy Practices" made available to me. I am welcome to take a copy with me and may return to get a copy at any time.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**CONSENT TO TREAT A MINOR**

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, attest that I am the custodial parent or legal guardian of the above-referenced minor ("the minor"), and hereby authorize ChiroCarolina to administer as it so deems necessary to the minor. In the event that the minor has received treatment at your practice previous to the date of this consent form, I hereby authorize such treatment in addition to the treatment mentioned above. I further authorize the minor to complete and sign any documents at ChiroCarolina which are customarily completed and signed by patients at your practice as a condition to treatment, and such signatures shall serve as my own. In no event shall my signature to any other such document have any effect on this consent form.

Full Name of Parent/Legal Guardian (please print clearly): \_\_\_\_\_

Relationship to Minor: (circle one) Parent / Adoptive parent with custody / Legal Guardian / Other (specify): \_\_\_\_\_

SSN of Parent/Guardian: \_\_\_\_\_ D.O.B. of Parent/Guardian: \_\_\_\_\_

Address of Parent or Guardian: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_