



Dr. Carisa S.E. Novak D.C, C.A.d
Doctor of Chiropractic / Certified Addictionologist

ACKNOWLEDGMENT OF INFORMED CONSENT

I have read and fully understand the Informed Consent and therefore accept chiropractic care on this basis.

Print Name	Signature	Date
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Consent to evaluate and adjust a minor child:

I, _____ being the parent or legal guardian of _____ have read and fully understand the Informed Consent and hereby grant permission for my child to receive chiropractic care.

Parent/Guardian Signature Date

Pregnancy Release:

To my knowledge I am _____ weeks pregnant.
I have read and fully understand the Informed Consent and accept Chiropractic Care during my pregnancy.

Patient Signature Date