

**PATIENT INFORMATION**

*The Cleveland Chiropractic College Health Center is the public Health Service Division of Cleveland Chiropractic College, an educational institution. Patients' care is administered by interns (non licensed student doctors) working under the supervision of licensed experienced doctors of chiropractic.*

*Cleveland Chiropractic College, as a teaching institution may compile clinical data for research purposes. (All data remain anonymous).*

**PATIENT CONSENT FOR EXAMINATION AND TREATMENT**

I hereby authorize Cleveland Chiropractic College Health Center and whomever the supervising doctor may designate as my intern, to perform examinations and administer treatments as deemed necessary. I agree to the conditions of care and payment.

\_\_\_\_\_  
Patient's Name (Print)

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

**CONSENT FOR A MINOR OR PERSON REPRESENTED BY ANOTHER PARTY**

I hereby authorize Cleveland Chiropractic College Health Center and whomever the supervising doctor may designate as an intern, to perform examinations and administer treatments as deemed necessary, to the patient listed below. I agree to the conditions of care and payment.

\_\_\_\_\_  
Patient's Name (Print)

\_\_\_\_\_  
Name of personal representative (parent/guardian)

\_\_\_\_\_  
Signature of personal representative

\_\_\_\_\_  
Date