



## **Complementary Initial Consultation Form**

I fully understand the healthcare provider and staff are NOT rendering a full medical evaluation for my current condition or my past medical history.

**Initial** \_\_\_\_\_

I understand this consultation with the doctor will NOT be used as a substitute for: an annual health physical, spinal screening, or any medical evaluation of any kind.

**Initial** \_\_\_\_\_

I understand in this consultation the healthcare provider and his staff is only explaining to me what types of conditions they normally see and how their type of treatment applies to *those* types of cases.

**Initial** \_\_\_\_\_

I understand I will not be receiving any medical care today during the consultation.

**Initial** \_\_\_\_\_

I understand I will not receive any medical device, therapy device or medical advise on what to do regarding my condition or health during the consultation.

**Initial** \_\_\_\_\_

I understand my care under the healthcare provider will only begin following my initial exam which I will schedule following this talk with the healthcare provider and his staff.

**Initial** \_\_\_\_\_

Print Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_