

Date \_\_\_\_\_ Referred By \_\_\_\_\_

Patient Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

If we need to contact you, what is your preferred method? \_\_\_\_\_

Would you like to receive our e-mail newsletter? Y N

DOB \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_

Employment \_\_\_\_\_

Marital Status M S Spouse/Guardian: \_\_\_\_\_

What is your primary reason for seeking Chiropractic care? \_\_\_\_\_

**Office Policies:**

**Please initial-**

- \_\_\_\_\_ We make every effort to reconfirm appointments, however, should our courtesy e-mail not be received, you are still held responsible for your appointment.
- \_\_\_\_\_ If you need to reschedule or cancel your appointment, a 24-hour advance notice is required so we may provide services to others in need. Missed appointments and appointments cancelled within 24 hours of appointment time will incur a \$25 fee (emergencies excepted).
- \_\_\_\_\_ For any returned checks there will be a \$25 service fee.
- \_\_\_\_\_ **We do not participate in any form of insurance filing.**
- \_\_\_\_\_ Please refrain from wearing perfume or cologne as many patients have chemical sensitivities.
- \_\_\_\_\_ Please hold all cell phone conversations outside of the building. **Turn your phone off or put on airplane mode before entering the treatment rooms.**

Thank you for your understanding.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Janis R. Frahm, D.C.**  
**1714 Fort View, #103**  
**Austin, TX 78704**  
**(512) 488-7805**

## **TERMS OF ACCEPTANCE**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of the vertebral subluxation. Our chiropractic method of correction is by specific adjustments to the spine.

**Health:** A state of OPTIMAL PHYSICAL, MENTAL and SOCIAL WELL BEING, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column which causes an alteration of nerve function and interference in the transmission of nerve impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than the vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnostic or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I have read and fully understand the above statements and accept chiropractic care on this basis.

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Signature

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Date