



**APOLLO CHIROPRACTIC
HEALTH AND WELLNESS, LLC**

6911 Taylor Ranch Rd NW, STE C-8, Albuquerque, NM 87120
Phone: (505) 792-3311; email: apollo-chiro@comcast.net

NEW PATIENT REGISTRATION

Today's Date _____ Referral Source: _____

Name _____
Last First MI

Address _____
(Complete Mailing) Street Apt# City State Zip

Date of Birth: _____

Primary Phone* (____) _____ - _____ home cell work

Secondary Phone* (____) _____ - _____ home cell work

Email Address For Newsletter and Your Receipts: _____

Employer _____ Occupation _____ Phone (____) _____ - _____

Emergency Contact _____ Relationship _____ Phone (____) _____ - _____

Reason for this visit: Chiropractic Care Massage

ACKNOWLEDGEMENT AND UNDERSTANDING

PLEASE READ AND INITIAL EACH ITEM BELOW.

1. _____ I hereby authorize Apollo Chiropractic Health and Wellness, LLC, to provide Chiropractic and or Massage Therapy Services for me.
2. _____ If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and cost of collections.
3. _____ I authorize release of patient's records to third parties requiring these records for treatment and or coordination of care.

By signing this application I affirm under penalty that I have given true complete information.

Patient Signature and / or Responsible Party



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CONSENT FORM

To Our Patients:

Therapeutic procedures (including spinal adjustment, massage, ultrasound, heat application, electrotherapy and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. ***Side effects include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms.*** More serious complications are extremely rare and their association with spinal adjustments (manipulation) is debated. These complications include injury to the arteries in the neck which may be associated with stroke and serious neurologic impairment, injuries to the spinal discs, and spinal fractures. ***Serious complications are estimated to be in the range of 0.5 - 2 incidents per million adjustments for chiropractic manipulative therapy of the neck, and 1 per million for adjustments of the low back.***

I understand that if I have any prosthetics or surgical implants (including breast implants, an artificial joint, etc.), I should discuss this with the supervising physician because it may affect care.

I understand that I play an important role in my own health care. Just as a patient can choose to discontinue care at any time, Apollo Chiropractic Health and Wellness, LLC reserves the right to terminate a doctor-patient relationship if a patient is continually unable to comply with reasonable treatment plans.

I have read and understand the above statements regarding treatment side-effects. I also understand that there is no guarantee or warranty for a specific cure or result.

Patient Signature and / or Responsible Party

Date