

Basic Health Chiropractic & Rehab

The office of Dr. Raymond Uhlmansiek, D.C.
5915 Merchants St. * Florence, KY * 41042 * 859-525-1695

Pediatric/Minor Patient: Authorization & Consent to Treat

Pediatric/Minor Patient's Full Legal Name: _____

Father's Legal Name: _____

Father's Contact Phone Number: (_____) _____

Mother's Legal Name: _____

Mother's Contact Phone Number: (_____) _____

Parent's Marital Status with Regards to Minor:

Married Widowed Separated Divorced Living Together-Not Married

If the Minor's Natural Parents are no longer or have not been married to each other, who is the residential guardian of the minor?

Attention: If the child is not living with both natural parents, you will need to provide a copy of the current custody or guardianship orders for inclusion in the minor's medical records before treatment can begin. Furthermore, if the natural parents are not living together and legal custody is shared by more than one custodian, consent to treat from each custodian will be required.

I/We, being legally responsible and the appropriate administrator(s) for the healthcare decisions of said minor, hereby authorize the doctor, and whomever he may designate as assistants; to administer chiropractic care and related services to my child.

Signature of Parent/Legal Guardian: _____ Date: _____

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I/We give the doctor(s) and staff of Basic Health Chiropractic & Rehab, the office of Dr. Raymond Uhlmansiek, D.C. permission to treat my/our child absent of my/our presence.

Parent/Legal Guardian Initials: _____ Date: _____

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