DR. CORY MOORE
Chiropractic Care

Extracorporeal Softwave Therapy Patient Consent Form

Name: _____ DOB: _____

Address: _____

City, State, Zip: _____

Phone: _____Email: _____

Emergency Contact Name: _____Relationship: _____

Emergency Contact Phone: _____

Suitability for ESWT (Extracorporeal ShockWave Therapy), also known as SoftWave Tissue Regeneration Technologies

By answering the following questions, you will assist us to decide if you are suitable for ESWT.

- Have you been injected with cortisone this month? Yes / No
- Are you using a cardiac pacemaker? Yes / No
- Do you have cancer / tumor? Yes / No
- Do you have a skin infection? Yes / No
- Are you pregnant or do you suspect you may be pregnant? Yes / No
- Are you under 16 years of age? Yes / No

RISK OF THIS PROCEDURE

A) Pain and soreness. This is temporary and resolves after a few days.
B) The FDA has labeled this a “Non-Significant Risk” therapy

Consent for Procedure

I, _____, the Undersigned, do hereby consent to authorize the application of Extracorporeal Shockwave Therapy (ESWT) for my condition of

_____.

I have been fully informed of ESWT which the use of has been fully explained to me by my treating physician/staff, and I fully understand the nature of this treatment. I also confirm that I have been given the opportunity to discuss and clarify any concerns and that no guarantees have been made to me mostly for pain relief and may offer an improvement of function. I also understand foregoing treatment is not the first option for my condition and an alternate treatment has either already been provided or offered to me.

Signed _____Date: _____

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TRT Intake Form

Date: _____

*Name*_____ *Address*_____

*City*_____ *State*_____ *Zip Code*_____

*Age*_____ *Birth Date*_____ *E-Mail* _____

Home Phone _____ *Cell Phone* _____

Referred by _____

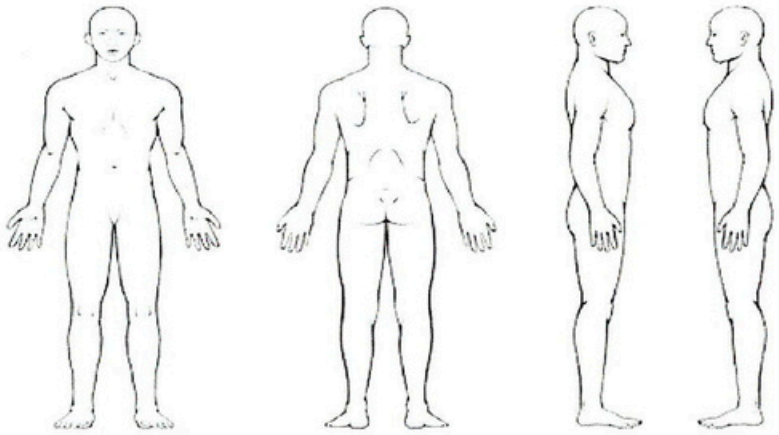
Occupation _____

Primary Complaint(s):

_____

_____

Please outline on the diagram the area of your discomfort.



On a scale of 1- 10 please rate the intensity of your pain today _____ *and when this pain first occurred*_____

Overall Frequency of Complaint: o *Constant-100%* o *Frequent-75%* o *Intermittent-50%* o *Occasional-25%*

Overall Intensity of Complaint: o *Minimal* o *Slight* o *Moderate* o *Severe*

Next page please:

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TRT Intake Form

Patient Name: _____ *Date:* _____

*Have you been treated for any health condition by a physician in the last year? * YES * NO*

When did your present complaints occur?

_____

Who has treated you for this condition (if anyone)?

_____

Is this condition interfering with your o Work o Sleep o Recreation o Hobbies o Sports Activities

Have you taken anything to help you with this condition o YES o NO Please list:

_____*Have you*

applied ice or heat to the areas of pain o YES o NO

Have you had this condition or similar conditions in the past? oYES o NO If so, when? _____

If any of the following have happened to you, give approximate dates & briefly describe injury:

Auto accidents: _____

Falls or other injuries: _____

Broken bones: _____

*Surgeries:*_____

California Code of Regulations require that you be informed of material risk of chiropractic care. This risk is defined as a" procedure that inherently involves known risk of serious bodily harm." By signing you acknowledge that you have been informed both verbally and in writing of this material risk.

Patient's Signature _____ *Date*_____

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Testimonial Release Form

Date _____

Testimonial Statement and/or Inventory of Testimonial Materials:

Including pictures and videos of all chiropractic care and all TRT treatments._____

Authorization and Release Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of [Cory Moore Chiropractic, Inc.] (hereinafter called "The Company") may be used in connection with publicizing and promoting The Company. I authorize The Company to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize The Company to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing The Company's programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Company for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Company from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: _____

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____

Email: _____ Telephone: _____

Address: _____