

Informed Consent



By signing this form, I the undersigned patient, acknowledge that I am choosing to work with Dr. Jennifer L. Sims DC, licensed Chiropractic Physician.

Dr. Jennifer L. Sims is not a primary care physician. Blue Sky Health and Wellness encourages you to have a primary care physician. Dr. Sims specializes in working with pediatrics and women's health from an alternative, holistic perspective. Her services do not take the place of your primary care physician.

I understand that I am to have a primary care physician, and the primary care physician's contact information is listed below:

Name of Physician: _____

Street Address: _____

Office Telephone: _____

Voluntary Consent:

My consent to use alternative care therapies, in the forms of nutritional counseling, testing or other complimentary modalities, is given voluntarily without coercion and may be withdrawn. I am competent and able to understand the nature of the agreement that I am choosing.

No Guarantees:

I am aware that everyone is an individual and will respond differently to treatments and that there are no guarantees to the outcomes of testing and treatment recommendations that I receive from Blue Sky Health and Wellness.

I HAVE CAREFULLY READ THIS FORM AND ACKNOWLEDGE THAT I UNDERSTAND IT. NO REPRESENTATIONS, STATEMENTS OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT HAVE BEEN MADE.

Signature of patient or Legal Guardian: _____

Date: _____