

TOTAL BODY WELLNESS

Consent to Examination and Diagnostic Procedures

I, _____, do hereby authorize Total Body Wellness, Doctors, associates, or assistants to perform upon me examination and diagnostic procedures arising from any current or presently unforeseen conditions, which Total Body Wellness Doctors, associates, or assistants may consider necessary or advisable in the course of my health care.

I understand and agree that Total Body Wellness, Doctors, associates, or assistants have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctors of Total Body Wellness can determine whether to accept me as a patient.

Date

Printed Name of Witness

Printed Name of Patient

Signature of Witness

Signature of Patient/Guardian if Minor