

PATIENT ACKNOWLEDGEMENT FORM

*Please have all patients receiving care from
the Intern complete and sign this form*

I, (Patient's Name) _____, a patient at

(Office Name) _____ acknowledge that

(Intern's Name) _____ is a pre-graduate chiropractic intern assigned to this office through an approved Preceptorship program regulated by Palmer College of Chiropractic's West Campus. I acknowledge the intern's unlicensed status and consent to receive care from him/her under the direct supervision of Dr. _____ (Preceptor's Name).

Patient's Signature

Date