INFORMED CONSENT TO CHIROPRACTIC TREATMENT AND CARE

Print Patient's Name: ____

I hereby request consent to the performance of procedures, which are within the scope of chiropractic, including, but not limited to: chiropractic adjustments, various modes of physical therapy, nutritional therapy, diagnostic x-rays on me or on the patient named above for whom I am legally responsible. I also request and consent that the procedures are to be performed by the doctor of chiropractic who currently or at any time in the future, treats me, while employed by, working or associated with or serving as back-up for the doctor of chiropractic named above. This includes those working at the clinic or office listed above or any other office, whether signatories to this form or not.

I have had an opportunity to discuss with a doctor of chiropractic named above and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that there are some risks to chiropractic treatment, including, but not limited to: fractures, disc injuries, strokes, dislocations, and sprains. I do not expect the doctor to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure, which the doctor feels at the time, based upon the facts then known, to be in my best interest.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about it content, and by signing below, I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for future condition(s) for which I seek treatment.

_______________________________________ ___________________________________

Signature of Patient or Patient's Representative. Print Name of Patient or Representative

____________________________________ ____________________________________

Date Relationship or Authority of Representative

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