

INFORMED CONSENT TO CHIROPRACTIC CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures including various modes of physical therapy and, if necessary, diagnostic s-rays, on me by my Doctor of Chiropractic and/or any qualified person(s) working in this office authorized by the Doctor of Chiropractic.

I have had the opportunity to discuss with my Doctor of Chiropractic 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 further understand and am informed that, as in all health care, in the practice of chiropractic there are some very slight risks to treatment including but not limited to muscle strains and sprains, rib fracture and disc injury. There have been extremely rare reported cases of injury to the vertebral artery following manipulation to the neck. Vertebral artery injuries have been known to cause stroke, occasionally with serious neurological impairment. The possibility of such injuries resulting from spinal manipulation is extremely rare.

Chiropractic care, including spinal manipulation or adjustment, has been the subject of research studies conducted over many years. Reports and studies have demonstrated that chiropractic care is a safe and effective procedure for many conditions. Any risk or complication arising from chiropractic care is substantially lower than that associated with other treatments, medications and procedures given for the same conditions.

I acknowledge that I have read the above consent. I have discussed or have had the opportunity to discuss, with my Doctor of Chiropractic the content of this consent 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 any future condition(s) for which I seek chiropractic care.

To Be Completed By Patient:

Name (Please Print)

Signature (Patient or Parent/Guardian)

Date