

CONSENT FOR CHIROPRACTIC SERVICES

Name: _____ D.O.B. _____ Today's Date: _____

By reading below I have been made aware:

1. The process of delivering a "Chiropractic Adjustment (manipulation)" may be performed manually, with a table mechanism, or with an instrument to the vertebra(e) and/or associated structures (legs, arms, etc.), often resulting in an audible pop or click sound;
2. As an addition to the Chiropractic Adjustment, "Supportive Therapies and/or Procedures" may be applied by the Chiropractor or by staff under the Chiropractor's direction or supervision incorporating the use of vibration, electricity, traction, motion, and/or nutritional advice;
3. That on occasion some temporary soreness and/or stiffness may occur; less frequently aggravation of presenting symptoms or initiation of new symptoms; rarely bruising, swelling, even more rare separation/fracture; and extremely rare, nerve or vascular injury may occur in conjunction with the process of a Chiropractic Adjustment;
4. That the Chiropractor has made no guarantee of a positive outcome from treatment.

Additionally:

1. I have been afforded ample opportunity for questions and answers.

Therefore, by signing the below:

I consent to the performance of the diagnostic and therapeutic procedures performed by the Chiropractor and/or staff under the direction and supervision of the Chiropractor involved in my case;

I consent to the performance of other diagnostic and therapeutic procedures in the future that may be deemed reasonable and necessary by the Chiropractor and/or staff under the direction and supervision of the Chiropractor involved in my case.

Patient Signature: _____

Witness Signature: _____