

Patient Name: _____ D.O.B.: _____ Date: _____

Consent for Chiropractic Services

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) of the spine 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 the staff under the Chiropractor’s direction or supervision incorporating the use of light, electricity, traction, motion, manual and/or physical therapy, therapeutic massage, bracing, nutritional advice, heat, or cold;
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 below:

I consent to the performance of the diagnostic and therapeutic procedures performed by the Doctor and or staff under the direction and supervision of the office Chiropractor(s) 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 Doctor and or staff under the direction and supervision of the office Chiropractor(s) involved in my case;

Patient/Guardian Signature: _____

Witness Signature: _____