

Elite Chiropractic Consent Form

INFORMED CONSENT

I hereby request and consent to the performance of chiropractic adjustments, and any other associated procedures on me by Dr. Scott Nigbor and Associates of Elite Chiropractic.

I understand, as with any other health care procedures, that there are certain complications, which may arise during chiropractic treatments. Those complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, soreness.

I do not expect the doctor to be able to anticipate all risks and complications, and I wish to rely upon the doctor to exercise judgments during the course of the procedure(s) which the doctor feels at the time, based upon the facts then known, that are in my best interest.

I have had an opportunity to discuss the nature, purpose and risks of chiropractic treatments and other recommended procedures. I have had my questions answered to my satisfaction. I also understand that specific results are not guaranteed.

If there is any dispute about my care, I agree to a resolution by binding arbitration according to the American Arbitration Association guidelines.

I have read the above explanation of chiropractic treatments. I state that I have been informed and weighed the risks involved in chiropractic treatment as Elite Chiropractic. I have decided that it is in my best interest to receive chiropractic treatment. I hereby give consent to that treatment. I intend for this consent to cover the entire course of treatment for my present condition(s) and for any future treatment I seek.

Patient Name

Signature of Patient/ Guardian

Date

PHOTO CONSENT

We are PROUD of our patients and the progress they make while under our care! There's nothing we enjoy more than CELEBRATING our patients' successes along with them. And when something good is happening in our lives, we feel inclined to share it with others, right?

If the moment arises, we would love to share your photo, story, or progress on our Facebook page or website in the interest of showing others that "real people" visit our office and are smiling while they're here-and most importantly, getting results!

Please check the circle that applies to you:

- Sure! You can use my pictures as long as I look good in it!
- No Thanks! I will pass for now.

Printed name of Patient

Signature of Patient

Date

**List family members this applies to as well