



Informed Consent: Chiropractic Care & Adjustments, Physical Therapy, Modalities & X-Ray

I hereby request and consent to receiving chiropractic care manipulations and other chiropractic procedures, including various Physical Therapy Modalities, Exercise Therapies and any other supportive therapies as deemed appropriate by the Doctor and performed by the Doctor of License Support Staff employed by Absolute Chiropractic + Wellness.

I understand and am informed that with chiropractic care, as in the practice of medicine and all other health care modalities, results are not guaranteed and there is not promise of a cure. I further understand and am informed that, while chiropractic care is remarkably safe, effective and provides many patients with benefits including pain relief and enhanced health, there can be associated risks, just as in the practice of medicine. Potential risks include, but are not limited to: soreness, fractures, disc injuries, rib injury, physiotherapy burns, soft tissue injury, stroke, dislocations, and sprains. With that understanding, I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgement, which is in my best interest, during the course of the procedure the doctor has deemed appropriate at the time based upon the facts them known. I also understand that there are treatment options available for my condition other than Chiropractic procedure. These treatment options include but are not limited to: rest; self-administered care; over-the-counter analgesics; medical care with prescription drugs such as anti-inflammatories, muscle relaxants and pain killers; physical therapy; steroid injections; bracing; and surgery. I understand and have been informed that I have the right to a second opinion and to secure other opinions if I have concerns as to the nature of my symptoms and treatment options.

I acknowledge that the Doctor has discussed with me the following items:

- Explanation of my current condition
- Proposed Chiropractic Procedures
- Risks of not receiving or undergoing any treatments or procedures

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content. I intend this consent to cover the entire course of treatment for my current condition and for any future condition(s) for which I seek treatment. This consent is for Chiropractic care and procedures to be performed on me, or for the patient names below (for whom I am legally responsible) whether in my presence or absence.

I (Print Patient Name) _____ have fully read and understand the above statement.

Consent to Assess and Adjust a Minor:

I (Parent/Guardian of Patient) _____, being the parent or legal guardian of (Child's Name) _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive a chiropractic assessment and chiropractic care.

Parent/Guardian Signature: _____ Date: _____