



## ANTIOCH CHIROPRACTIC CENTER

"Better health for your family the natural way"

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**Dr. James G. Cross, D.C.**

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### INFORMED CONSENT FOR CHIROPRACTIC CARE

I hereby request and consent to the performance of chiropractic treatment and procedures on me or on \_\_\_\_\_ by Dr. James Cross, D.C., and others who may be employed by or engaged in practice with Dr. Cross.

I have been informed by Dr. Cross or other clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that the practice of neither chiropractic or medicine is an exact science and that my care may involve the making of judgments based on the facts known at the time, that it is not reasonable to expect the doctor to be able to anticipate or explain all risks and complications; that an undesirable result does not necessarily indicate an error in judgment, that no guarantee as to results has been made to nor relied upon by me, and I wish to rely on the doctor to exercise judgment during the course of procedures which he feels at the time, based upon the facts then known, is in my best interests.

I have also been advised that although the incidence of complications associated with chiropractic services is very low, anyone undergoing adjusting or manipulative procedures should know of possible complications which have been alleged. These include, but are not limited to, fractures, disc injuries, strokes, dislocations, sprains and those which relate to physical aberrations unknown or reasonably undetectable by the doctor.

I have read or have had read to me the above Consent. I have also had an opportunity to ask questions about its contents, and by signing below, acknowledge my understanding of its contents.

Date \_\_\_\_\_

Patient name \_\_\_\_\_

Patient signature \_\_\_\_\_

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Relationship or authority if not signed by patient