



CHIROPRACTIC | ACUPUNCTURE | NUTRITION

Wilmington NC

☒ Informed Consent for Care

Simple Well Being, LLC

203 Racine Dr, Suite 200 • Wilmington, NC 28403

Phone: (910) 994-2344 • [www.SimpleWell-Being.com](http://www.SimpleWell-Being.com)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

As a patient at Simple Well Being, LLC, you may receive a combination of chiropractic care, physical therapies, acupuncture, and holistic wellness services. This form is designed to inform you of the nature of these services and to obtain your consent for care.

Please read and initial each statement:

\_\_\_\_ I understand that chiropractic care may include spinal and extremity adjustments, soft tissue therapy, physiotherapy, and exercise recommendations.

\_\_\_\_ I understand that acupuncture, when provided, involves the insertion of sterile needles into specific points on the body to promote healing and balance.

\_\_\_\_ I understand that as with any healthcare procedure, there are potential risks, which may include soreness, dizziness, minor bruising, or, in rare cases, more serious complications.

\_\_\_\_ I understand that the doctor will answer any questions I have regarding treatment procedures and risks prior to beginning care.

\_\_\_\_ I understand that I may withdraw my consent and discontinue treatment at any time.

\_\_\_\_ I have disclosed my full health history and will inform the doctor of any changes during care.

Consent to Treatment

I hereby request and consent to the performance of the appropriate services and procedures by Dr. Amanda Keates, DC, and any associated providers at Simple Well Being, LLC. I understand that no guarantees have been made to me regarding the results of treatment.

Patient or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider/Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_



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