
Consent Form

To Our Patients:

Chiropractic examination and therapeutic procedures (including spinal adjustment, ultrasound, heat application, ice application, electrotherapy, laser therapy and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this office to inform our patients about them. These complications included, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications is available upon request.

I have read and understand the above statements regarding treatment side effects. I also understand that there is no guarantee or warranty for specific cure or results.

Signature _____ Date _____

Authorization To Treat A Minor

As a parent or legal guardian, I hereby authorize treatment for the following:

_____ Date of Birth _____
Patient's Full Name

To any chiropractic treatment deemed advisable, if a parent or legal guardian is not available when the child is brought in for treatment.

Signature _____ Date _____
Parent or Guardian