PRAIRIE CHIROPRACTIC

Informed consent to Chiropractic Adjustments & Care

When a person seeks chiropractic care and when a chiropractor accepts a patient for such care, it is essential that they both seek and work towards the same goals. This way there will be no confusion, misunderstanding or disappointment.

The information we receive from you is important. We ask only that which is necessary to our Chiropractic. For this reason, please fill out these forms completely and to the best of your ability. If you have any questions or there is any information you feel we should know, please mention it to the doctor.

I hereby request and consent to the performance of chiropractic adjustments, entrainments and other chiropractic procedures, including but not limited to, if necessary, nutritional counseling, etc.

I will have the opportunity to discuss with the doctor of chiropractic and/or with other office personnel, the nature and purpose of chiropractic and other procedures. I understand the results are not guaranteed.

I further understand and am informed that, as in all health care, in the practice of chiropractic there are some risks to treatment. 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 judgment during the course of the procedure which the doctor feels at the time, based on the facts known, it is in my best interest.

I have read the above consent and will have the opportunity to ask questions about its content and by signing below I agree to the above-mentioned chiropractic procedures. I intend this consent form to cover the entire course of my care.

To be completed by the patient:

I agree to read a copy of the office policy and procedures.

_____ _____

Print Patient's Name Signature of Patient/Guardian

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Date Signed