

*Patient Name:*  
*Patient D.O.B.:*  
*Patient Number:*

**Informed Consent for Chiropractic Services**

I have been **informed** of the following:

1. That the process of delivering a “Chiropractic Adjustment (manipulation)” may be performed manually or with an instrument to the vertebra(e) of the spine and/or associated structures (legs, arms etc.), often resulting in an audible pop or click sound;
2. As an addition to the Chiropractic Adjustment “Supportive Therapies” may be applied by the chiropractor or by staff under their direction or supervision incorporating the use of light, sound, vibration, electricity, traction, motion, bracing, nutritional advice, heat, or cold;
3. I have been informed on occasion some temporary soreness and/or stiffness may occur; less frequently aggravation of presenting symptoms or initiation of new symptoms; rarely bruising, swelling, even more rare separation/fracture; and extremely rare, nerve or vascular injury may occur in conjunction with the process of a Chiropractic Adjustment;
4. The above possible general consequences and possible general complications have been explained to me by the chiropractor;
5. I acknowledge that the chiropractor has made no guarantee of a positive outcome from treatment;
6. I have been afforded ample opportunity for questions and answers; and
7. The above risks of the treatment procedures, options, and financial obligations have been explained to me by the chiropractor.

Therefore by signing below:

**I consent** to the performance of the diagnostic and therapeutic procedures performed by the doctor and or staff under the direction and supervision of the office chiropractor(s) involved in my case;

**I consent** to the performance of other diagnostic and therapeutic procedures in the future that may be deemed reasonable and necessary by the doctor and or staff under the direction and supervision of the office chiropractor(s) involved in my case;

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_