

Karges Family Chiropractic

Informed Consent for Chiropractic Treatment

1. I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures including various physiotherapeutic modalities and diagnostic testing.
2. I understand that in the practice of chiropractic there are risks associated with chiropractic treatment, including but not limited to, fractures, disc injuries, strokes, dislocations, burns, and sprain/strains.
3. I do not expect the doctor to be able to anticipate and explain all risks and complications.
4. I wish to rely on the doctor to exercise judgement, on what is in my best interest, during the course of the procedure, based on the facts then known.
5. I have read, or have had read to me, the above consent.
6. By signing below I agree to the above, and allow the doctor to perform chiropractic treatment.
7. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Print Name: _____ Date: _____

Signature: _____