

Informed Consent for Chiropractic Care

Chiropractic treatment involves the science, philosophy, and art of locating and correcting spinal misalignments and as such, is oriented toward improvement of spinal function relative to range of motion, muscular and neurological aspects. I understand that the chiropractor will use her hands, or a mechanical device upon my body to adjust a joint, which may cause an audible "pop" or "click". I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment including, but not limited to, fractures, disc injuries, strokes, dislocations and sprains. I will rely on the doctor's judgment and expertise during the course of the procedure which the doctor feels, based upon the findings, is in my best interests.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy on me, by the doctor of chiropractic named below and/or other licensed doctors of chiropractic who now or in the future treat me while employed by or associating with Sheridan Park Chiropractic.

I have read the Informed Consent to Chiropractic Care and by signing below I agreed to the above named procedures. 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.

Name (Printed)

Signature

Date signed

Consent to evaluate and adjust a minor child:

I, _____ being the parent or legal guardian of _____
have read and fully understand the above Informed Consent and hereby grant permission
for my child to receive chiropractic care.

Signature

Date signed