

PATIENT INFORMED CONSENT

Patient Name (print) _____

The doctor has explained to me:

1. The general treatment procedure and protocol, including chiropractic adjustments and other chiropractic procedures – i.e. various modes of physical therapy or diagnostic x-rays, on me (or on the patient named above, for whom I am legally responsible), and
2. I give permission to other licensed Doctors of Chiropractic who now or in the future treat me while employed by, or working for or associated with, or serving as back-up for the Doctor of Chiropractic named below, and
3. There may be risks involved with my proposed treatment.

The doctor has also asked me if I want more detailed explanation, but I am satisfied with the explanation and do not desire more information. I give my permission and consent to the treatment or procedure. I intend for this form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Signature

Date

I have explained the procedures, alternatives, and risks in conference with the patient.

Doctor signature

Date

**SIGN IN THIS BOX ONLY IF YOU REQUESTED
AND RECEIVED MORE DETAILED INFORMATION**

I requested and received, in substantial detail, a further explanation of the procedures or treatments, other alternative procedures or methods of treatment and information about the material risks of the procedures or treatments.

I give my permission and consent to the treatments or procedures.

Patient Signature

Date

