Family Health Professionals

INFORMED CONSENT TO CHIROPRACTIC CARE

Dr Luke Hennessy Bsc M Chiro
Dr Noushin Hakimian B.Bsc, B.App.Sc (Chiro), M.Clin Chiro

When performed by a qualified chiropractor, spinal manipulation is effective and safe method of treatment for many conditions.

There are, however risks associated with any treatment and we are required to inform you of these, even though there has never been a case in our clinic.

Please read the following carefully, and write down any questions you may have.

I hereby request and consent to the performance of chiropractic treatment on me by Dr Luke Hennessy or Dr Noushin Hakimian and/or any other chiropractor working in this clinic, authorized by Dr Hennessy.

I have had the opportunity to discuss with Dr Hennessy or Dr Hakimian the nature and purpose of chiropractic treatment.

I understand, and I am informed that, as in the practice of medicine, in the practice of chiropractic there are some very slight risks to treatment, including, but not limited to, muscle and joint soreness, muscle strains, joint sprains, fractures, disc injuries, strokes and stroke-like episodes.

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 treatment, which the doctor feels at the time, based upon the facts then known, is in my best interests.

I have read the above, and I have also had the opportunity to ask questions about its content.

I intend this consent form to cover all treatment for which I present. I understand that I can withdraw my consent at any time.

Patient Name: _____ Patient Signature:_____ Date: ___/___/20___