

INFORMED CONSENT FOR CHIROPRACTIC CARE

A person, in coming to the Chiropractor, gives the doctor permission and authority to care for you in accordance with chiropractic analysis, diagnosis of subluxation, and chiropractic adjustments. Chiropractic adjustments are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give any treatment or health care if he is aware that such care may be contraindicated. Again, it is the responsibility of the practice member to make it known, or to learn through health care procedures whatever he is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Chiropractor. The doctor provides a specialized, non-duplicating health care service. Your Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

I understand that if I am accepted as a practice member by a doctor at Restoring Life Chiropractic, I am authorizing them to proceed with any care that may be necessary. Furthermore, any risk involved, regarding chiropractic adjustments, will be explained to me upon my request.

Signature: _____ Date: _____

PHOTOGRAPHY RELEASE

At Restoring Life Chiropractic we love to document and share special moments in our office. We do this through photography, video, and story telling in order to share testimonies about life and chiropractic with our community so that people may have HOPE for better health and quality of life.

Thank you for being a part of our chiropractic community and helping us help others.

Permission to Use Photographs for the following individuals:

I grant to Restoring Life Chiropractic, its representatives and employees the right to take photographs and video of me and my property in connection with chiropractic care. I authorize Restoring Life Chiropractic, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Restoring Life Chiropractic may use such photographs and video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature: _____ Name: _____

Date: _____