

INFORMED CONSENT TO CHIROPRACTIC CARE

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Patient: Please discuss any questions or concerns with the Doctor before signing this agreement.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including Paraspinal EMG scanning and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by the doctor of chiropractic named above.

I have had the opportunity to discuss with the doctor and/or with other office or clinic personnel the purpose and benefits of the chiropractic adjustments and other treatments outlined below. Alternatives to treatment have been reviewed. My questions have been answered to my satisfaction.

Signature of Patient _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If patient is a minor)

Witness Signature _____ Date _____