Crafted Care Chiropractic
A walk-in practice that is here for you!

Informed Consent to Chiropractic Care

I hereby request and consent to the performance of chiropractic manipulation or adjustment and other chiropractic procedures, including various modes of physical therapy or physical medicine procedures and diagnostic x-rays, on me (or on the patient named below for whom I am legally responsible) 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, working or associated with serving as backup for the doctor of chiropractic named below.

I have had an opportunity to discuss with the doctor of chiropractic named below and or with another office or clinic personnel the nature and purpose of chiropractic manipulations or adjustments and other procedures. I understand that results are not guaranteed.

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 do not expect the doctor to be able to anticipate and explain all possible risks and complications, and I wish to rely on the doctor to exercise judgment during the procedure, which the doctor feels at the time, based upon the facts then known are in my best interest.

I have read or have had read to me the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition.

Patient's Name (Printed): _____ **Date:** _____

Patient's Signature: _____ **Date:** _____

To be completed by the patient's representative, if necessary. E.g. If the patient is a minor or is physically or otherwise legally incapacitated:

Signature of Patient's Representative: _____ **Date:** _____

Printed Name of Patient's Representative: _____ **Date:** _____

Relationship to Patient: _____