

DIAMOND STATE CHIROPRACTIC, P.A.

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Informed Consent to Chiropractic Treatment

Medical Doctors, Chiropractic Doctors, Osteopaths and Physical Therapists that perform manipulation are required by law to obtain your informed consent before starting treatment.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic X-rays, on me (or on the patient named below, for whom I am legally responsible) by the doctors of chiropractic named above and/or other licensed doctors of chiropractic who now or in the future work at Diamond State Chiropractic, P.A.

I have had the opportunity to discuss with the doctors of chiropractic named above and/or with other office personnel the nature and purpose of chiropractic adjustments and other procedures. I understand the 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: soreness, headaches, tiredness and in rare cases, fractures, disc injuries, strokes (Range approximately one case per 400,000 to 1 million cervical spine manipulations) dislocations and sprains. I do not expect the doctors to be able to anticipate and explain all possible risks and complications, and I wish to rely upon the doctors to exercise judgement during the course of the procedure which the doctors feel at the time, based upon the facts then known to him or her, is 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 for this consent 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:** _____

Witness Signature: _____