

**Bertram Healing Center, LLC**  
**Disclosure & Consent**  
**Regarding**  
**Chiropractic Adjustments & Care**

**Patient:** You have a right as a patient to be informed about your condition and the recommended chiropractic adjustments and other chiropractic procedures to be used, so that you may make the decision to undergo the procedure after knowing the potential risk involved. This disclosure is not meant to scare or alarm you: it is simply an effort to make you better informed so you may give consent or decline the recommended procedures.

I hereby give consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical modalities. I consent to the chiropractic adjustments to be performed by Dr. Bottcher or other Doctor(s) of Chiropractic employed by Bertram Healing Center. I also give consent for certain of the physical modalities to be performed by Chiropractic Assistants employed by Bertram Healing Center. I understand that Bertram Healing Center has an open door policy, but I can request the door be closed with or without an assistant present.

I have had the opportunity to discuss with the Doctor of Chiropractic, my diagnosis, the nature and purpose of chiropractic adjustments and other procedures recommended.

I have been informed and understand that, there are some risks associated with the exam and treatment, including but not limited to, fracture, strokes, dislocations, sprains and increased symptoms and pain or no improvement of symptoms or pain. 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 course of the procedures which the doctor feels at the time, based on the facts then known, is in my best interest. I further acknowledge that no guarantees or assurances have been made to me concerning the results received from the treatment.

By signing this form I acknowledge that I have read or have had read to me the above consent form. I have also had the opportunity to ask questions, and all questions have been answered to my satisfaction. By signing below, I consent to the treatment plan to cover this course of treatment for my present condition and any future conditions that I seek future treatment for from Bertram Healing Center and its associated personnel.

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*To be completed by the patient:*

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*print name*

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*Signature of patient*

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*date*

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*If patient is a minor or otherwise impaired this portion is to be completed by the patient's legal guardian:*

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*print name of patient*

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*print name of patient's representative*

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*date signed*

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*signature of patient representative*