

CLEARANCE FOR CHIROPRACTIC ADJUSTMENT

I, _____ on this day, _____
 (spell your name) (today's date)

Do hereby give permission to receive a chiropractic adjustment to my neck area as deemed necessary by the doctor with the intention to improve my neck mobility.

The purpose of this form is to rule-out any contraindications related to cervical (neck) trauma, pathology, infection, or injury that may or might impose exacerbation, irritation or inflammation of a pre-existing health condition related to the head, neck or spine. Chiropractic adjustments are intended to allow for the natural re-alignment of the neck also known as correcting a subluxation. Sometimes there will be an audible (sound) similar to a click or a pop which is completely harmless. The adjustment will be performed with your permission by a State licensed and Nationally Board Certified chiropractor, Dr. Forester Dean.

Your Personal Health History Summary (check all known diagnosis)

<input type="checkbox"/>	Automobile accident with neck injury	<input type="checkbox"/>	Neck fusion surgery
<input type="checkbox"/>	Slip or fall with spine or neck injury	<input type="checkbox"/>	Implants or hardware in the neck
<input type="checkbox"/>	Blow to the head (TBI)	<input type="checkbox"/>	Chronic neck pain (stiffness)
<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Migraine or Tension Headache
<input type="checkbox"/>	Stroke or Aneurism	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Infection of the brain, head or neck	<input type="checkbox"/>	Vascular disease
<input type="checkbox"/>	Bone disease or fracture of the neck	<input type="checkbox"/>	Hypersensitivity to touch
<input type="checkbox"/>	Disc herniation of the neck	<input type="checkbox"/>	Open wounds of the head or neck
<input type="checkbox"/>	Spondylolisthesis of the neck	<input type="checkbox"/>	Bruises of the head or neck
<input type="checkbox"/>	Bone malformation	<input type="checkbox"/>	Chiari Malformation

Chiropractic adjustments are statistically and historically very safe and do not cause injury to blood vessels nor contribute independently to death. Certain patients may feel light-headed, dizzy, euphoric, release, or relaxed, or any of many personal responses to the adjustment. The chiropractic adjustments provided during the Yoga+ReSet class are not intended to treat or cure any specific disease, condition or state since a complete personal health exam has not been performed.

I understand that the chiropractic adjustment is provided without a complete physical exam and assume the risks under these conditions,

_____ on this day, _____
 (sign your name) (today's date)