

**The risk and dangers attendant to remaining untreated:**

Remaining untreated may allow the formation of adhesions and reduced mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed. It is up to you, the patient, to schedule any future treatments with \*GatesChiropractic MCH w/ EC.

\_\_\_\_\_ Patient Initials

**FINAL CONSENT AND AUTHORIZED SIGNATURES**

**CONSENT TO TREATMENT (MINOR)**

I hereby request and authorize \*GatesChiropractic Dr Jacquelyn Gates, D.C. of MCH w/ EC to perform diagnostic tests and to render chiropractic adjustments and other treatment to my minor son/daughter \*( Pet); \_\_\_\_\_.

Veterinarians name: \_\_\_\_\_ Phone: \_\_\_\_\_

As of this date, I have the legal right to select and authorize health care services for the minor child named above. \*(or pet I am in care of). If applicable. Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse/former spouse or other parent (guardian of pet) is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

\_\_\_\_\_  
Printed Name of Parent/Guardian of above named minor (pet)

\_\_\_\_\_  
Signature of Parent /Guardian of above name minor (pet)

\_\_\_\_\_  
Date

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE CONSENT IN ITS ENTIRETY**

I have read (or have had read to me) the above explanation of the chiropractic adjustment and related treatment. Any questions I have are discussed with \*GatesChiropractic Dr. Jacquelyn Gates, D.C. of MCH w/ EC and have had my questions answered to my ratification. By signing below I have weighed the risks involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. I have been informed of the risks, I hereby give my consent to that treatment.

\_\_\_\_\_ Date

\_\_\_\_\_  
Patient printed name

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Printed Name of Parent of Guardian of above named minor \*(Pet)

\_\_\_\_\_  
Signature of Parent or Guardian of above named minor