

Informed Consent

I, _____, hereby request and consent to the performance of chiropractic adjustments and chiropractic procedures including various modes of physiotherapy on me or the minor patient named below for whom I am legally responsible. I understand that as in the practice of medicine, in the practice of chiropractic care there are some risks to treatment.

Possible risks include but are not limited to fractures, disc injury, strokes, dislocations, and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgment during the procedure based on the facts that are in my best interest.

I have read, or have had read to me, the above consent. By signing below, I agree to allow the doctor, intern, or assistant affiliated with Coastline Health & Chiropractic to perform such treatments. I intend this consent form to cover the entire course of treatment for my/their present condition and future conditions.

Name of Patient: _____

Name of Guardian: _____ Relationship to patient: _____

Patient or Guardian Signature: _____ Date: _____