

**Coastline Health  
and  
Chiropractic**

Julio C. Fassino, D.C.  
CEO/Chiropractor  
CA Lic. 19111

## INFORMED CONSENT

I \_\_\_\_\_, hereby request and consent to the performance of Chiropractic adjustments and Chiropractic procedures including various modes of Physiotherapy.

On or on the patient named below for whom I am legally responsible by the doctor or intern affiliated with Coastline health and Chiropractic I understand that as in the practice of medicine in the practice of Chiropractic Care there are some risk to treatment. Possible risks include and 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 judgement during the procedure which the doctor feels at the time based on the facts that is in my best interest. I have read or have had read to me at the above consent by signing below I agree to the above and allow the doctor or intern affiliated with Coastline health and Chiropractic to perform such. I intended this consent form to cover the entire course of treatment for my/his/her present condition after future conditions for which I seek.

Name of Patient: \_\_\_\_\_

X \_\_\_\_\_

Signature