

Infinity Chiropractic and Wellness

Informed Consent for Chiropractic Treatment

This document is intended to inform you of the nature of the chiropractic examination and treatment you are considering, and to ensure that you understand the potential benefits, risks, and alternatives prior to receiving care.

1. Nature of Chiropractic Treatment

Chiropractic care includes examination, diagnosis, and a variety of treatment methods including, but not limited to, spinal and joint mobilization, soft tissue therapy, therapeutic exercise, manual therapy, and supportive modalities. Treatment may also include recommendations related to wellness and lifestyle.

2. Potential Risks

As with any health care procedure, there are certain complications that may arise during chiropractic care. These may include soreness, dizziness, nausea, and, rarely, aggravation of pre-existing symptoms. Though extremely rare, more serious complications such as fracture, stroke, or nerve damage have been associated with some types of care. All efforts will be made to minimize risk.

3. Alternatives

Alternatives to chiropractic care may include medical treatment, physical therapy, massage, acupuncture, or doing nothing. You have the right to consider these options before consenting to care.

4. Right to Refuse or Withdraw Consent

You have the right to refuse treatment or to withdraw your consent at any time, even after treatment has started. If you choose to stop treatment, you will not be penalized or discharged.

5. Florida Compliance

This informed consent complies with the requirements of the Florida Board of Chiropractic Medicine. It is intended to provide full transparency and support your right to make an informed, voluntary decision about your care.

6. Consent to Treat

I understand the above information and hereby consent to the evaluation and treatment provided by Dr. Jessica Carney, DC at Infinity Chiropractic and Wellness. I acknowledge that no guarantees or assurances have been made to me regarding the outcome of any treatment or procedure.

Patient Name (Printed): _____

Patient Signature: _____

Date: _____ Witness Signature: _____