Lifetime Chiropractic

Informed Consent

REGARDING: Chiropractic Adjustments, Modalities, and Therapeutic Procedures:

I have been advised that chiropractic care, like all forms of health care, holds certain risks. While the risk are most often very minimal, in rare cases, complications such as sprain/strain injuries, irritation of a disc condition, and although rare, minor fractures, and possible stroke, which occurs at a rate between one instance per one million to one per two million, have been associated with chiropractic adjustments.

Treatment objectives as well as the risks associated with chiropractic adjustments and, all other procedures provided at Lifetime Chiropractic have been explained to me to my satisfaction and I have conveyed my understanding of both to the doctor. After careful consideration, I do hereby consent to treatment by any means, method, and or techniques, the doctor deems necessary to treat my condition at any time throughout the entire clinical course of my care.

	/_	/		Witness Initials	s
Patient or Authorized person's Signature	Date				
REGARDING: X-rays/Imaging Studies					
FEMALES ONLY → please read carefully and check t then sign below if you understand and have no furth receptionist for further explanation.				•	
\square The first day of my last menstrual cycle was on $_$		Dat	e		
□ I have been provided a full explanation of when I to the best of my knowledge, I am not pregnant.	I am most	likely to	becom	ne pregnant, an	d
By my signature below I am acknowledging that the discussed with me the hazardous effects of ionizatio my understanding of the risks associated with expositherefore, do hereby consent to have the diagnostic necessary in my case.	n to an un ure to x-ra	born chi ays. Afte	ld, and r carefu	I have conveye Il consideration	d I
	/_	_/		Witness Initial	ls
Patient or Authorized person's Signature		Date			

JDD,DC 5/2011