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Informed Consent to Chiropractic Adjustments and Care

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working for the same objective. It is important that each patient understands both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment. You have the right as a patient to be informed about the condition of your health and the recommended care and treatment to be provided so that you may make the decision whether or not to undergo chiropractic care after being advised of the known benefits, risks, and alternatives.

Chiropractic is a science and art which concerns itself with the relationship between structure (primarily the spine) and function (primarily the nervous system) as that relationship may effect the restoration and preservation of health. Health is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a vertebral subluxation. This occurs when one or more of the 24 vertebrae in the spinal column become misaligned and/or do not move properly. This causes alteration of nerve function and interference to the nervous system. This may result in pain and dysfunction or may be entirely asymptomatic.

Subluxations are corrected and/ or reduced by an adjustment. An adjustment is the specific application of forces to correct and/ or reduce vertebral subluxation. Our chiropractic methods of correction are by specific adjustments of the spine. Adjustments are usually done by hand but may be performed by handheld instruments. In addition, ancillary procedures such as physiotherapy and /or rehabilitative procedures may be included.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

I am signing this form to allow the chiropractor to treat my condition with a spinal adjustment, if necessary. I have read and fully understand the above statement and therefore accept chiropractic care on this basis.

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| Print Name | Signature | Date |
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Consent to adjust a minor:
I _____ being the parent or guardian of _____ have read and fully understand the above informed consent and hereby grant my permission for my child to receive chiropractic care.

Pregnancy Release:
This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform and x-ray evaluation. I have been advised that x-rays can be hazardous to an unborn child.

Date of last Menstrual Cycle: _____

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| Signature | Date |
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