

Midtown Chiropractic

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CONSENT TO EXAMINE AND TREAT

The undersigned consents to any examination (x-ray or otherwise) including, but not limited to, physical, orthopedic and neurological evaluation, visual inspection, palpation, exercise stress test, electromyography (EMG) and photography.

The undersigned also consents to observation of therapeutic or diagnostic procedures by staff personnel or medical personnel in training as permitted by the attending practitioner and allowed by clinic policy. Treatment procedures that may be used in your care include, but are not limited to, manipulative therapy, joint mobilization, myofascial release, trigger-point therapy, ultrasound, diathermy, electrical therapy, traction, muscle stretching, hydrocollator therapy, cryotherapy, nutritional supplementation, rehabilitative exercise, and massage.

Cases will be managed with all due concern and with the evaluation of response to previous care provided. Home care instructions will be given as appropriate to enhance your treatment program. Compliance with the recommendations for home care and follow-up care is necessary for the resolution of your complaint.

Because of modern techniques and equipment, examination and therapeutic procedures carry with them a low risk of complication. Even though problems seldom arise during these procedures, risks must be recognized and considered. Any procedure intended to help may also do harm. While examination and therapeutic procedures used in this clinic are considered remarkably safe and effective, understand that occasionally there may be adverse reactions that occur. Although the chances of experiencing any of these complications are extremely small, it is the practice of this office to fully inform and educate our patients. These complications include but are not limited to pain, swelling, bruising, discoloration, inflammation, disc injury, sensory changes, bleeding, fracture, fainting, irregular heartbeat, heart attack, spinal cord damage, nausea, burns soft tissue injury, stroke, dizziness, or weakness. No guarantee or warranty for a specific cure or result is implied by the acceptance of your case. All patients respond differently to the treatment procedures. Each case must be evaluated separately.

BY REFUSAL OF X-RAY ANALYSIS, PATIENT ASSUMES RESPONSIBILITY OF ANY INJURY AS A RESULT OF MANIPULATION DUE TO ANY ABNORMALITY OR DEFECT THAT WOULD BE DETECTABLE THROUGH STANDARD X-RAY ANALYSIS.

If you do not fully understand the above or have questions about anything mentioned in this documents, please do not sign until these matters have been resolved with further discussion.

I have read the above explanation of treatment and diagnostic procedures used in this clinic and have myself decided that it is in my best interest to submit to these procedures.

Printed Name: _____

Signature: _____ Date: _____

Witness: _____