

Campbell Chiropractic Clinic

Informed Consent

I hereby request and consent to treatment from this doctor/clinic including the performance of chiropractic adjustments and other chiropractic procedures, including physical medicine therapy and rehab, examinations, or other testing for my condition.

I have had an opportunity to discuss with the doctor of chiropractic and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I fully understand that results are not guaranteed.

I understand and am informed that, as with all treatment, in the practice of chiropractic there are some risks. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely upon the doctor to exercise clinical judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known to him or her, is in my best interest.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to begin treatment.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I may continue to seek treatment from this facility.

Patient's Signature: _____ Date: _____