CONSENT TO CHIROPRACTIC CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiro-	
practic procedures on me or on	by
practic procedures on me or on by	
engaged in practice in the	Clinic.
I have had an opportunity to discuss with	
I have also been advised that although the incidence of complications associated with chiropractic services is very low, anyone undergoing adjusting or manipulative procedures should know of possible complications which have been alleged. These include, but are not limited to, fractures, disk injuries, strokes, dislocations, sprains, and those which relate to physical aberrations unknown or reasonably undetectable by the doctor.	
I have read or have had read to me the above Consent. I have also had an opportunity to ask questions about its contents, and by signing below, acknowledge my understanding of its contents.	
	Date:
	Patient Name
	Patient Signature
DOCTOR'S NOTES	Relationship or authority if not signed by Patient
Patient counseled by the use of the following:	
Discussion	
Other (please specify)	
X Signature of Doctor or Other	
Signature of Doctor or Other	