

INFORMED CONSENT FOR CHIROPRACTIC CARE IN Morgan Chiropractic

I, _____, have willfully entered Morgan Chiropractic to obtain and receive Chiropractic care for myself for whom I am legally responsible. I request and consent to the performance of such analytic and diagnostic examinations (physical testing, diagnostic imaging, electrical testing, etc.) that are necessary for the evaluation of the patient's condition and fully authorize the performance of chiropractic adjustments, manipulations, methods and procedures as the doctor(s) of Morgan Chiropractic deem necessary for the patient's care, from this date forward into the future.

The doctor(s) and/or staff of Morgan Chiropractic have discussed with me the nature and purpose of chiropractic care, adjustments, and other procedures. It is my understanding that there is some risk of injury or harm in all the healing arts (Medicine, osteopathy, dentistry, podiatry, etc.) and that there is some risk of injury from Chiropractic procedures. These risks include, but are not limited to, fractures, disc injuries, cardiovascular accidents (strokes), dislocations and sprains. It is the patient's desire to depend on the doctor(s) of <Provider Clinic> to exercise professional judgment during the course of the patient's treatment to perform those procedures that are in the patient's best interests. I do not expect the doctor(s) to anticipate and explain all potential complications and risks on any specific visit, nor do I expect this on every visit.

I am also aware that the risks of injury described above are minimal; that their actual occurrence is rare. It is obvious that I must and have disclosed to the doctor(s) and/or staff of Morgan Chiropractic the patient's entire past health and injury history. If I have withheld critical health history information from the doctor(s) and/or staff of Morgan Chiropractic and suffer an injury or harm as a result, it is entirely my responsibility, and Morgan Chiropractic, its doctor(s) and staff are released from any potential liability for such injury or harm.

It is clear to me that other treatment options are available to me. These other options include but are not limited to traditional (allopathic) medical care, osteopathic treatment, surgery, self-care, and an assortment of other alternatives. At this time I freely choose to receive Chiropractic care and treatment, and agree to follow the recommendations and guidelines given to me at Morgan Chiropractic.

I have read this entire document, or it has been read to me. I have had the opportunity to ask questions related to this document, and am content with the answers. By signing below, I agree and consent to receiving Chiropractic care and treatment. It is my intent and my understanding that this consent form covers the entire period and course of treatment, not only for the patient's current condition but also for any future condition for which the patient seeks treatment in Morgan Chiropractic.

Today's date is:

Patient: Name: _____
Guardian: Printed Name: _____

Signature: _____

Witness: Printed Name: _____

Signature: _____