



Informed Consent to Chiropractic Adjustments and Care

Patient name _____ DOI: _____ DOB: _____

I, _____ hereby request and consent to the performance of chiropractic adjustments and other related procedures by licensed doctors of chiropractic employed by **Shoar Chiropractic, Inc.** who now or in the future, may practice in, work or associate with, or be employed by **Shoar Chiropractic, Inc.**

1. Chiropractic care is the science, philosophy and art of locating and correcting spinal subluxation (misalignment) and as such, is oriented toward improvement of spinal function relative to range-of motion, muscular and neurological aspects. There is no promise, implied or otherwise, of a cure for any symptom, disease or condition as a result of treatment in this office.
2. I understand that the licensed chiropractors employed by **Shoar Chiropractic, Inc.** will use his/her hands, or a mechanical devise, upon my body to adjust a joint, which may cause and audible "pop" or "click".
3. As with the practice of medicine, the practice of chiropractic is not an exact science, but relies upon information related by the patient, information gathered during examination, and the doctor's interpretation thereof, as well as the doctor's judgment and expertise in working with like cases.
4. It is not reasonable to expect the license chiropractors employed by **Shoar Chiropractic, Inc..** to be able to anticipate or explain all possible risks and complication of a given procedure on any particular visit. I wish to rely on the doctor to exercise professional judgment during the course of any procedures, which he feels at the time to be in my best interest
5. An undesirable result, or side effect, does not necessarily indicate and error in judgment or improper treatment.
6. As with any health care procedure there are certain complications, which may arise during a chiropractic adjustment. Those complications include sprains/strains, dislocations, fractures, disk injuries, or cerebral-vascular accidents. These complications are extremely rare occurrences.

The above points have been understood and/or explained to me, to my satisfaction, and I have had the opportunity to ask and/or discuss questions with the licensed chiropractors employed by **Shoar Chiropractic, Inc.** and/or other clinic personnel. I have read the above consent, or had it read to me, and have had the opportunity to ask questions and receive answers. I am comfortable with the information provided and consent to chiropractic treatment and management on that basis.

Signed: _____ Date: _____ Parent Guardian

Consent to treatment of minor

I (we) being the Parent Guardian of _____, a minor, age _____, do hereby consent, authorize and request the licensed chiropractors employed by **Shoar Chiropractic, Inc..** to administer such treatment deemed advisable, necessary or requested on the above named minor. It is not reasonable to expect the licensed chiropractors employed by **Shoar Chiropractic, Inc..** to be able to anticipate all possible risks and complications of a given procedure on any particular visit. I wish to rely on the doctor to exercise professional judgment during the course of any procedures, which he/she feels at the time to be in my best interest. I (We) agree to hold **Shoar Chiropractic, Inc..** and/or Dr. _____ free and harmless from any claims, suits for damages or complications which may result from such treatment.

Signed: _____ Date: _____ Parent Guardian

Females: non-pregnancy verification

I, _____ do hereby state that, to the best of my knowledge, I am not pregnant, neither suspect nor have had confirmed, as of this date. I understand that should x-rays be required for care at a later time that I will inform the licensed chiropractors employed by Shoar Chiropractic, Inc. of any changes in my pregnancy status.

Signed: _____ Date: _____