WHITWORTH CHIROPRACTIC

500 S. Cherry. St
Tomball, TX 77375
(832) 461-0124

CONSENT TO TREATMENT

By signing this form, I am requesting and consenting to chiropractic treatment and other therapeutic procedures which may include, but are not limited to, chiropractic adjustments, physical modalities, x-rays, physical examination, history and physical therapy procedures performed by the doctor(s) at Whitworth Chiropractic and anyone working in the clinic authorized by the above referenced doctor of chiropractic.

I recognize that no guarantees have been made or can be made regarding the likelihood of success of the outcome of any evaluation, treatment, test, procedure, or therapy performed by the doctors or staff at Whitworth Chiropractic. I do not expect the doctor to be able to anticipate all risks and complications, and I wish to rely upon the doctor to exercise judgement, based upon known facts, during the course of the procedure(s) that are in my best interest.

I understand, as with any health care procedures, that there are certain complications which may arise during chiropractic treatment. Potential risks include, but are not limited to, slight pain, discomfort or soreness in the area treated, fractures, dislocations, strokes and disc injuries. Series complications are rare as chiropractic treatment is a very low risk procedure. I understand this and will talk to the doctor(s) regarding any concerns I may have regarding complications of chiropractic treatment.

I understand that it is my right to determine the extent of my medical care, and I may, at any time, refuse treatment and withdraw my consent for the performance of any procedure or treatment.

After reading the above information, I hereby give my consent to receive chiropractic treatment and intend the consent to span the entire course of my treatment and any future treatments.

_____

PRINTED NAME OF PATIENT

_____ _____/_____/_____

SIGNATURE OF PATIENT DATE

_____ _____

PARENT/GUARDIAN SIGNATURE IF PATIENT IS MINOR OR UNDER GUARDIANSHIP RELATIONSHIP TO PATIENT