



# NT CHIROPRACTIC

## Informed Consent

Every type of health care is associated with some risk of a potential problem. This includes chiropractic care. We want you to be informed about potential problems associated with chiropractic health care before consenting to treatment. This is called informed consent. Chiropractic adjustments are the moving of bones with the physician's hands or with the use of a machine. Frequently, adjustments create a "popping" or "clicking" sound/sensation in the areas being treated.

In this office, we use trained assistants who may assist the physician with portions of your consultation, examination, x-ray taking, physical therapy application, traction, massage therapy, exercise instruction, etc. On the occasion when your physician is unavailable, your care may be handled by another physician or trained assistant.

**Here at NT Chiropractic when you receive chiropractic adjustment or modalities there is a slight risk that you could have any of the following conditions stroke, disc herniations, soft tissue injury, rib fractures, physical therapy burns, soreness, or other problems. These problems or complications occur so rarely that it is not possible to anticipate and/or explain them all in advance or treatment.**

Chiropractic is a system of health care delivery, and therefore, as with any health care delivery system, we cannot promise a cure from any symptom, disease, or condition as a result of treatment in this clinic. We will always provide you with the best care and if results are not acceptable, we will refer you to another health care provider who we feel may assist your condition.

If you have any questions on the above information, please ask your physician. Once you have a full understanding, please sign and date below.

Patient's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Guardian's Signature (if patient is a minor) \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_