



Informed Consent for Diagnosis and Treatment

I hereby give my consent to the performance of diagnostic tests and procedures and chiropractic treatment or management of my condition(s). Chiropractic treatment of management of conditions almost always includes the chiropractic adjustment, a specific type of joint manipulation. Like most health care procedures, the chiropractic adjustment carries with it some risks. Unlike many such procedures, the serious risks associated with chiropractic care are extremely rare. Following are the known risks: temporary soreness or increased symptoms or pain, dizziness, nausea, flushing, fractures, increased symptoms from herniated or prolapsed discs. I understand that the practice of chiropractic, like the practice of all healing arts, is not an exact science, and I acknowledge that no guarantee can be given as to the results or outcome of my care. I have read or had read to me this informed consent document. I have discussed or been given the opportunity to discuss any questions or concerns with my chiropractor and have had these answered to my satisfaction prior to signing this informed consent document. I have made my decision voluntarily and freely.

Patient Name (Please Print)

Date

Patient Signature

Martha DeSante, DC, CYT

Chiropractor Name

Date

Chiropractor Signature