

Belnap Chiropractic, P.A.

Dr. Mark E. Belnap

Patient Consent Form

Patient Name _____

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures, examinations, tests, diagnostic x-ray(s) and physical therapy techniques on me (or the above-mentioned patient, for whom I am legally responsible) which are recommended by the licensed doctor of chiropractic at Belnap Chiropractic, P.A., who previously, now, or in the future may render treatment to me while employed by, working for, or associated with, or serving as backup for Belnap Chiropractic, P.A.

I understand that, as with any health care procedure, there are certain complications, which may arise during a chiropractic adjustment. Those complications include but are not limited to; fractures, disc injuries, dislocations, muscle strain, Horner's syndrome, cervical myelopathy and costovertebral strains and separations. Some types of manipulations of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. I do not expect the doctor to be able to anticipate all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure(s) which the doctor feels at the time, based upon the facts he knows, are in my best interest.

I will exercise my right to discuss with the doctor and/or his office personnel the nature, purpose and risks of chiropractic adjustments and other recommended procedures in order to have all my questions answered to my satisfaction prior to treatment. I further understand that the results are not guaranteed.

I have read, or have had read to me, the above explanation of the chiropractic adjustment and related treatment. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is in my best interest to undergo the chiropractic treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment. I intend this consent form to cover the entire course of treatment for my past, present, or future condition for which I have sought or may seek treatment.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

Patient Signature: _____ Date _____

Signature of Patient's Representative: _____