

**Tranquil Moments Health Center**

**Informed Consent for Examination and Treatment**

I/We hereby consent to the performance of examination and treatment on me or on \_\_\_\_\_, by the licensed doctor(s) of chiropractic and chiropractic acupuncture who are engaged in practice in this clinic.

I have had the opportunity to discuss with the doctor or other clinical personnel the nature and purpose of the different physical therapy procedures and chiropractic treatment (manipulation/adjustment). I understand that neither chiropractic nor medical treatment is an exact science and that my care may involve judgments based upon facts and information known to the doctor. The doctor uses judgment to attempt to anticipate or explain risks and complications and an undesirable result does not necessarily indicate an error in judgment. No guarantee for results can be made or expected but rather I wish to rely on the doctor to choose and recommend a best course of treatment based upon facts known that is in my best interests.

I further understand that there are certain degrees of risk associated with chiropractic health care and physical therapy, which includes rarely, but not limited to fractures, disc injuries, strokes, and strain/sprains and am therefore willing to accept and consent to the risk associated with the care that I am about to receive.

I have read the above information regarding consent. I have had an opportunity to ask any questions about my examination and treatment. By signing below, I agree and intend this consent form to cover the procedures prescribed for my condition and for any future conditions for which I seek treatment.

Female Patients: By my signature on this form I do hereby state that to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last menstrual period \_\_\_\_\_.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship or authority if not signed  
By patient

\_\_\_\_\_  
Witness