

# Informed Consent for Chiropractic Treatment

SIMPLY CHIROPRACTIC, 205 BOUTZ ROAD, BUILDING 4, SUITE 2, LAS CRUCES, NM 88011

## Informed Consent for Chiropractic Treatment

I hereby request and consent to chiropractic manipulation and other procedures, including various modes of exercise therapy, soft tissue therapy, Meridian Therapy, or diagnostic testing services by SIMPLY CHIROPRACTIC.

I understand that results are not guaranteed and I am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment including, but not limited to, stroke, fractures, disc injuries, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and wish to rely on the doctor to exercise judgment during the course of any procedure which the doctor feels at the time is in my best interest.

I understand that there are alternatives or adjuncts to chiropractic manipulation including but not limited to physical therapy, occupational therapy, massage therapy, osteopathic medicine, or standard medicine.

I agree to hold SIMPLY CHIROPRACTIC harmless for claims or damages in connection with my treatment. This is a contract between myself and SIMPLY CHIROPRACTIC, and I understand that it is also a release of potential liability.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.