

# Hager Chiropractic Health Clinic

## **CONSENT FORM**

To Our Patients:

Any procedure intended to help may also do harm. While chiropractic examination and therapeutic procedures (including spinal adjustment, ultrasound, heat application, electrotherapy and manual muscle therapy) are usually considered very safe and effective, please understand that occasionally there are complications. While the chances of experiencing any of these complications are small, it is the practice of this clinic to inform our patients about them. These complications include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side-effects and complications is available upon request.

I have read and understand the above statements regarding treatment side-effects. I understand that there is no guarantee or warranty for a specific cure or result. I give my permission and consent to the procedure or treatment.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\*\*\*\*\* S T O P H E R E \*\*\*\*\*

### **Portion Below Used If Additional Information Requested & Received**

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I requested and received further explanation in substantial detail of the procedure or treatment, information about material risks of the procedure or treatment, and other alternative procedures or methods. I give my permission and consent to the procedure or treatment.

Signature \_\_\_\_\_

Date \_\_\_\_\_