



**INFORMED CONSENT FOR CHIROPRACTIC CARE**

When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both parties to be working towards the same objective. It is important that each patient understand both the objective(s) and the method(s) that will be utilized while receiving your chiropractic care as this will prevent any confusion or disappointment. You have the right, as a patient, to be informed about the condition(s) and the recommendations of the care to be provided so that you make the decision whether or not to undergo chiropractic adjustment(s) after being advised of the known benefits, risks, and alternatives.

Chiropractic is a science, philosophy and art which concerns itself with the relationship between the spinal structures and the health of the nervous system. As Doctors of Chiropractic, we understand that health is a state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

One disturbance to the nervous system is called a vertebral subluxation and/or vertebral subluxation complex. A vertebral subluxation complex or VSC, is a dysfunctional biomechanical spinal segment which is fixated. These dysfunction(s) alter neurological function, which in turn, causes an unhealthy change to nerve function and interference to the nervous system. This may result in pain and dysfunction, visceral disorders, or may be entirely asymptomatic (symptom free).

Subluxations are corrected and/or reduced by a chiropractic adjustment. An adjustment is the specific application of force to correct and/or reduce vertebral subluxation. Our chiropractic method of correction is by specific adjustments to the spine. Adjustments are done by hand where the doctor will put pressure on the specific segment(s) of the spine to adjust the vertebrae into a better position to allow for improved function and communication within the nervous system.

Our objective as Doctors of Chiropractic is to solely identify and reduce the extent of any vertebral subluxation(s). If at the beginning or during the course of care we encounter a non-chiropractic or unusual findings, we will advise you of those findings and recommend some further testing or refer you out to another health care provider.

Chiropractic care has been proven to be very safe and effective. It is not unusual however, to be sore after your first few corrective adjustments. Although rare, it is possible to suffer from other side effects; i.e. muscle spasms, stiffness, rib fracture, headache, dizziness and stroke.

All questions regarding the doctor's objective to my care in this office have been answered to my complete satisfaction. The benefits, risks and alternatives of chiropractic care have been explained to me to my satisfaction. I have read and fully understand the above statements and therefore accept chiropractic care on this basis.

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Print Name

Signature

Date

\*CONTINUE TO REVERSE SIDE OF THIS FORM PLEASE\*

**INFORMED CONSENT FOR CHIROPRACTIC CARE (CONTINUED)**

**CONSENT TO EVALUATE AND ADJUST A MINOR CHILD**

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ have read and fully understand the above Informed Consent and hereby grant permission for my child to receive chiropractic care.

**PREGNANCY RELEASE**

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-rays can be hazardous to an unborn child.

Date of last menstrual cycle: \_\_\_\_\_

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Signature

Date

**PHOTO CONSENT**

This is to acknowledge my approval to allow Amoskeag Chiropractic Inc to take my picture for the sole use of patient file identification only. This photo will never be used for any purpose other than patient identification, now will this photo or any information be shared with any outside source.\*

\*Please read our HIPPA / Privacy form.

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Print Name

Signature

Date