

Team Lopez Chiropractic  
Consent for Chiropractic Services

Patient  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

By reading below I have been made aware:

1. The process of delivering a “chiropractic adjustment (manipulation)” may be performed manually, with a table mechanism, or with an instrument to the vertebra(e) of the spine and/or associated structures (legs, arms, etc.), often resulting in an audible “pop” or click sound.
2. As an addition to the chiropractic adjustment “supportive therapies and/or procedures” may be applied by the chiropractor or by staff under the chiropractor’s direction or supervision incorporating the use of sound, vibration, electricity, traction, motion, heat or cold.
3. On occasion some temporary soreness and/or stiffness may occur; less frequently aggravation of presenting symptoms or initiation of new symptoms; rarely bruising, swelling and even more rare separation/fracture; and extremely rare, nerve or vascular injury may occur in conjunction with the process of a chiropractic adjustment.
4. The chiropractor has made no guarantee of a positive outcome from treatment.

Additionally:

I have been afforded ample opportunity for question and answers.

By signing below:

I consent to the performance of the diagnostic and therapeutic procedures performed by the doctor and our staff under the direction and supervision of the office chiropractor(s) involved in my case.

I consent to the performance of other diagnostic and therapeutic procedures in the future that may be deemed reasonable and necessary by the doctor and or staff under the direction and supervision of the office chiropractor(s) involved in my case.

Patient Signature:

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Witness Signature:

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