

Alabama Chiropractic & Spine Care

2315 Lurleen B. Wallace Blvd.

Northport, AL 35446

205-339-0001

INFORMED CONSENT TO TREAT

Patient's Name: _____ Patient #: _____

I hereby request and consent to the performance of Manipulation (adjustments) and other procedures including diagnostic x-rays and various modes of physical therapy on me.

I understand that I will be receiving one or more of the following treatments: Manipulations (adjustments), Mobilization Therapy, Hot/Cold Packs, Ultrasound, Electrical Stimulation, Interferential Current, Myofascial Release, Traction, Therapeutic Exercises, Massage, Spinal Decompression, Mechanical Traction, Passive Mobilization, Dry Needling, Taping or Splinting.

I understand that Manipulation (adjustments) is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the treatment that I have requested or authorized. I have had the opportunity to read this form and have the right to ask questions before signing. I consent to the proposed treatments.

Signature of Patient

Date