

# Alabama Chiropractic & Spine Care

2315 Lurleen B. Wallace Blvd.  
Northport, AL 35446  
205-339-0001

## INFORMED CONSENT TO TREAT

Patient's Name: \_\_\_\_\_ Chart #: \_\_\_\_\_

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	Nutritional Injections

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 above proposed treatments.

This consent does not expire. It will remain in effect as long as the above is a patient of Alabama Chiropractic & Spine Care.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date