Alabama Chiropractic & Spine Care

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

INFORMED CONSENT TO TREAT - MINOR

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 the Patient for whom I am legally responsible.

I understand that they 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 for the said minor.

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 Guardian Date