

Santa Clara Chiropractic Center

Bella Delyaei, D.C., Q.M.E.

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT AND CARE

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures, including examination tests, diagnostic x-rays, MRI and physical therapy techniques, on me (or on the patient named below, who I am legally responsible for) which are recommended by the doctor of chiropractic named above and/or other licensed doctors of chiropractic now or in the future render treatment to me while employed by, working for or associated with. Or serving as back-up for the chiropractor named above.

I understand that, as any health care procedure, there are certain complications that may arise during a chiropractic adjustment. Those complications include but are not limited to: fractures, disc injuries, dislocation, muscle strain, Homer's syndrome, diaphragmatic paralysis, cervical myelopathy, and cost vertebral strains and separations, some types of manipulation of the neck have been associated with injuries to the arteries leading to or contributing to serious complications including stroke. I do not expect the doctor to anticipate all risks and complication and I wish to rely on the doctor to exercise judgment during the course of the procedure(s) which the doctor feels at the time, based upon facts then known are to my best interest.

I have had an opportunity to discuss with the doctor name above and/or with office personnel the nature, purpose, and risks of chiropractic adjustments and other recommended procedures and have had my questions answered to my satisfaction. I understand that the results are not guaranteed.

To Be Completed By Patient

I have read the above explanations of chiropractic adjustments and related treatments. By signing below I state that I have weighed the risks of undergoing treatment and have decided that it is in my best interest to pursue the chiropractic treatment recommended. Having been well informed of the risks, I hereby give my consent to this treatment. I intend that this consent form will cover the entire course of treatment for my present condition and for any future conditions of which I should seek treatment.

Patient's name _____

Patient/Guardian signature _____

Date: _____