INFORMED CONSENT TO CHIROPRACTIC CARE

DIVINE HEALTH & WELLNESS
Dr. Jennifer Vaughn D.C.
1908 Boothe Circle
Longwood, FL 32750

Telephone: (407)331-7007

Patient name____ Date of birth_______________

Please discuss any questions or concerns with the doctor before signing this consent.

I hereby request and consent to the performance of chiropractic adjustments and other manual and physical medicine procedures, DRX 9000, various modes of physiotherapy, diagnostic x-rays or other imaging or laboratory testing as my condition warrants. I consent to treatment from the chiropractic physician(s) named above.

I have had the opportunity to discuss with the doctor(s) or with other office or clinic personnel the purpose and benefits of the chiropractic adjustments and other treatments outlined below. Alternatives to such treatment have been reviewed.

While chiropractic adjustments/manipulation and adjunctive treatments are typically beneficial and seldom cause any problems, I understand and am informed that there are some possible, albeit rare, risks to treatment. Risks include, but are not limited to, fractures, disc injuries, strokes, dislocations and sprains.

I understand that I will be receiving the following treatment::

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I understand that chiropractic, like all medical arts, is not an exact science and that reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the chiropractic treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

____ _______________
Signature of patient, parent, guardian or personal representative Date

____ _______________
Please print name of patient, parent, guardian or personal representative Relationship to patient

Witness signature_______________________________________ Date_______________

Doctor's signature_______________________________________ Date_______________