

CONSENT FORM

To My Patients:

Chiropractic examination and therapeutic procedures (including, spinal and extra-spinal adjustments, heat and ice application, and manual muscle therapy) are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of this office to inform our patients about them. These complications may include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, headache, and temporary transient worsening of symptoms. More serious complications are extremely rare. I have read and understand the above statement regarding treatment side-effects. I also understand that there is no guarantee or warranty for specific care results. I hereby give permission to Dr. Hill and his staff to render treatment to me, including manipulation of my spine, A.R.T., and any therapies he deems necessary.

Patient Signature

Date

Previous Chiropractic Care

Name of Chiropractor: _____

Condition treated for: _____

X-rays Taken: YES NO

Where you satisfied with your last chiropractor YES NO

Have you ever been to an Active Release Technique practitioner: YES NO

If yes, who was the practitioner: _____