

Informed Consent

I certify that the above information is correct to the best of my knowledge. I will not hold my Doctor or any staff member of Motion Chiropractic responsible for any errors or omissions that I may have made in the completion of this form.

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures, including examination tests, diagnostic x-ray(s), and physical therapies on me as deemed appropriate (or on the patient named below for which I am legally responsible) which are recommended by the doctor of chiropractic named below and/or other licensed Doctors of Chiropractic who now or in the future render treatment to me while employed by, working for, or associated with, or serving as back-up for the Doctor of Chiropractic named below.

Name of Doctor(s) treating this patient:

Brandon Crawford, D.C.

I understand and agree that health and accident insurance policies are an agreement between an insurance carrier and me. I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate care and treatment, any fees for professional services rendered me will be immediately due and payable. I will be responsible for any costs of collection, attorney's fees or court costs required to collect my bill. I understand that, as with any health care procedure, there are certain complications which may arise during a Chiropractic adjustment. It is necessary to inform the patient of such risks prior to initiating care. While chiropractic is remarkably safe, you need to be informed about the potential risks related to your care to allow you to be fully informed before consenting to treatment.

Specific risks and possibilities associated with **Chiropractic Care**:

Soreness- Chiropractic adjustments or any type of physical therapy procedures are sometimes accompanied with post treatment soreness. This is a normal and accepted response to chiropractic care and physical therapy. While it is not generally dangerous, please advise your Doctor if you experience soreness or discomfort.

Soft Tissue Injury- Occasionally chiropractic adjustments may aggravate a disc injury, or cause other minor joint, ligament, tendon or other soft tissue injury.

Rib injury- Manual adjustments to the thoracic spine or mid back, in rare cases, may cause rib injure or fracture. Precautions such as pre-adjustment x-rays are taken for cases considered at risk. Treatment is performed carefully to minimize such risk.

Stroke- Stroke is one of the most serious complications of chiropractic treatment. Some types of manipulation to the upper cervical area have been associated with injuries to the arteries in the neck leading to or contributing to complications including stroke. I do not expect the doctor to be able to anticipate all risks and complications and I wish to rely on the doctor to exercise good judgment during the course of the procedure(s) which the doctor feels at the time, based upon the facts then known, and are in my best interest.

Chiropractic care is a system of health care delivery and therefore, as with any health delivery system, we cannot promise a cure for any symptom, condition or disease as a result of treatment in this office. Our goal is to provide you with the very best care and if the results are not acceptable, we will refer you to another provider who we feel can further assist you.

Health Record Consent:

I hereby request and consent to Dr. Crawford having full access to my health records, including any and all x-rays or MRI's.

Printed name of patient _____

Patient signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

I hereby consent to any/all **X-Rays** taken on this visit. Initial: _____

If **female**, I hereby acknowledge to the best of my knowledge that I am NOT pregnant. Initial: _____

Last Menstrual cycle (Date): _____ Initial: _____

Patient signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____