



Consent to Treat

Please read the following. Your signature on the welcome form signifies you have read, understand and agree to the following statements and give your consent for treatment.

A patient, in coming to the Chiropractic Physician, gives the doctor permission and authority to care for the patient in accordance with the results of chiropractic tests, diagnosis, and analysis. The Chiropractic adjustments or other clinical procedures are usually beneficial and rarely cause severe problems. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The doctor will not give any treatment or health care if she is aware that such care may be contra-indicated. It is the responsibility of the patient to make it known, or to learn through diagnostic procedures what he/she is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Chiropractic Physician. Your Doctor of Chiropractic is licensed and is available to work with other types of providers in your health care regime.

I know that I am responsible for, and agree to pay, all fees incurred at this office. I understand that any insurance benefits that I may have are a contracted arrangement between me and the insurance company. This office will be responsible for preparing notes, billing receipts, and informational reports as needed to aid in insurance payment/reimbursement. I realize that this office is not responsible to negotiate disputed benefits for me.

I understand that if I am accepted as a patient at The Wellness Spot, I am authorizing them to proceed with any treatment that may be necessary. Furthermore, any risk involved regarding chiropractic treatment will be explained to me upon my request. I am choosing to be treated, for today and all future visits at this office, through the use of various types of chiropractic manipulations, diagnostic x-rays, and several types of physiologic modalities (physical therapy). I realize there is no guarantee of results and have been informed that some risks of treatment do exist. These risks could include, but are not limited to: sprains, dislocations, fractures, strokes, and disc injury. While I do expect my doctor to use her best judgment to choose the most appropriate care for my condition, I agree that the Doctor cannot foresee every possible complication or risk which could arise in my treatment.