



BODY THERAPEUTICS

Informed Consent for Chiropractic Care

A patient, in coming to the Chiropractic Physician, gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustments or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The doctor, of course, will not give any treatment or health care if they are aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known, or to learn through health care procedures, whatever s/he is suffering from: latent pathological defects, illnesses or deformities, which would otherwise not come to the attention of the Chiropractic Physician. The Chiropractic Physician provides a specialized, non-duplicating health care service. Your Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

I understand that if I am accepted as a chiropractic patient at Body Therapeutics, I am authorizing Dr. Sean Thornton to proceed with any treatment that may be necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

Printed name of Patient

Date

Signature of Patient

Date

Consent to Treat Minor

I hereby authorize Body Therapeutics, Dr. Sean Thornton and Dr. Jennifer Lenz, to administer chiropractic care, as deemed necessary, to my child.

Name of Child _____

This _____ day of _____, 20 ____.

Signature of Parent or Guardian

Witnessed: _____