



Consent to Care

I hereby request and consent to the performance of chiropractic adjustments and/or physical therapy procedures on me or on _____ by any licensed doctor who may be employed or engaged in practice at ReVive Health Center.

I have had an opportunity to discuss with Dr. Rebecca Lamarche, DC or other clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that the practice of neither chiropractic nor medicine is an exact science and that my care may involve the making of judgments based upon the facts known to the doctor at the time; that it is not reasonable to expect the doctor to be able to anticipate or explain all risks and complications; that an undesirable result does not necessarily indicate an error in judgment; that no guarantee as to results has been made to nor relied upon by me, and I wish to rely on the doctor to exercise judgment during the course of the procedure which she/he feels at the time, based upon the facts then known, is in my best interests.

I have also been advised that although the incidence of complications associated with chiropractic services is very low, anyone undergoing adjusting or manipulative procedures should know the possible complications which have been alleged. These include, but are not limited to, fractures, disc injuries, strokes, dislocations, sprains, and those which relate to physical aberrations unknown or reasonably undetectable by the doctor.

I have read or have had read to me the above Consent. I have also had an opportunity to ask questions about its contents, and by signing below, acknowledge my understanding of its contents.

Date: _____

Patient Name: _____

Patient signature: _____

Relationship or authority
if not signed by patient _____

Doctor's Notes

Patient counseled by the use of the following:

Discussion: _____

Other: _____