

## CONSENT FOR CHIROPRACTIC CARE

**I hereby request that Dr. Jeanne A. McDaniel or Dr. Sheryl L. Manges provide chiropractic services for me (or my minor child, whose name appears below). Dr. McDaniel or Dr. Manges has explained to me the following:**

1. The purpose of chiropractic care is the location, analysis and correction of vertebral subluxations for the restoration of normal functioning.
2. Chiropractic is a separate and distinct profession, and is not the practice of medicine; therefore, diagnosis of medical conditions is not primary goal.
3. Dr. McDaniel or Dr Manges does not give medical advice, nor does she discourage me from receiving medical advice. If she deems it advisable, Dr. McDaniel or Dr. Manges will refer me for medical advice.
4. Dr. McDaniel or Dr. Manges uses only chiropractic methods that are taught in accredited colleges and she will select appropriate techniques for my spine and any subluxations she finds.
5. Chiropractic adjustments are exceedingly safe when applied properly; however, all actions in life come with some risk, including chiropractic adjustments.
6. Although the risks are minimal, there have been rare reports of vertebral artery damage, fractures and aggravation of disc condition associated with chiropractic procedures.
7. That because a small force is introduced into the spine during an adjustment, there may be temporary minor musculoskeletal discomfort.
8. That I am invited to ask any question or express any concerns that I may have.
9. That I am free to withdraw my consent and discontinue care at any time.

Name \_\_\_\_\_ Date \_\_\_\_\_