

Day Chiropractic Clinic

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INFORMED CONSENT ACKNOWLEDGEMENT

1. Chiropractic care is the science, philosophy and art of locating and correcting spinal subluxations (misalignments) and as such, is oriented toward improvement of spinal function relative to range-of-motion, muscular and neurological aspects. There has been no promise, implied or otherwise, of a cure for any symptom, disease or condition as a result of treatment in this clinic.
2. If I am female, I have told the Chiropractor whether or not I am pregnant or the possibility of being pregnant as x-rays may be harmful to the fetus.
3. I understand that the Chiropractor will use their hands or a mechanical device upon my body to adjust a joint, which may cause an audible 'pop or click.'
4. It is my intention to rely on the doctor to exercise professional judgment during the course of any procedures, which he feels at the time to be in my best interest.
5. Neither the practice of Chiropractic or Medicine is an exact science, but relies upon information related by the patient, information gathered during examination, and the doctor's interpretation thereof, as well as the doctor's judgment and expertise in working with like cases.
6. It is not reasonable to expect the doctor to be able to anticipate, or explain all possible risks and complications of a given procedure on any particular visit.
7. An undesirable result, or side effect does not necessarily indicate an error in judgment or an improper treatment.
8. As with any health care procedure, there are certain complications, which may arise during a Chiropractic adjustment. Some complications include sprains/strains, dislocations, fractures, disc injuries, or CVA's (cerebral-vascular accidents). These complications and others are rare occurrences.

I, _____, hereby request and consent to the performance of Chiropractic adjustments and other Chiropractic procedures by the doctor(s) of *Day Chiropractic Clinic, P.S.*, and/or other licensed doctors who may practice in or be employed by *Day Chiropractic Clinic, P.S.* The previous points have been explained to me, to my satisfaction, and I have had opportunity to discuss them with the Doctor(s), or other clinic personnel.

Patient/Legal Guardian Signature

Date

Print Patient Name