

# SRQDC

Doctor of Chiropractic

Dr. William J Maecker  
Chiropractic Physician

## **Informed Consent To Chiropractic Adjustments and Care**

I hereby request and consent to the performance of chiropractic adjustments, and other chiropractic procedures including various modes of physical therapy and diagnostic x-rays, on me (or patient named below, for who I am legally responsible) by the doctor of chiropractic named above and/or other licensed doctors of chiropractic who now or in the future treat me while employed by, working or associated with serving as back up for the doctor of chiropractic named above.

I have had an opportunity to discuss with the doctor of chiropractic named above and/or with other office personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to, fractures, disc injuries, strokes, dislocations, and sprains. I do not expect the doctor to be able to anticipate all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on facts then known, is in my best interest.

I have read, or have had read to me the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

**To be completed by the Patient or Patients Representative, if necessary, E.G., If patient is a minor or physically or legally incapacitated.**

_____	_____	_____
<b>Print Patient's Name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Representative</b>	<b>Relationship</b>	<b>Date</b>
_____	_____	_____
<b>Witness to Patient's Signature</b>		<b>Date</b>