



PEAK PERFORMANCE C H I R O P R A C T I C

INFORMED CONSENT

The determination of an appropriate plan of chiropractic/physical rehabilitation management for the neuromusculoskeletal conditions may involve or include the utilization of orthopedic, neurologic and physical performance testing and physical, manipulative and exercise/rehabilitative therapies. Should these procedures be deemed appropriate in your case, you will be evaluated by the doctor to determine if you have any conditions that indicate you should not engage in any particular test or therapeutic procedure.

I understand that, as with any form of physical activity or exercise, orthopedic, neurologic and physical performance testing and physical, manipulative and exercise/rehabilitative therapies carry with them a small inherent risk of injury which includes but is not limited to minor strains, intervertebral disc compromise, and compression fractures. Additionally, as is the case with most health care interventions, there is a certain (albeit rare) inherent risk of complications associated with chiropractic and rehabilitative procedures. These complications include but are not limited to muscle strains, dislocations, skin irritation, costovertebral sprains, fractures, disc trauma, and cardiovascular accidents. I understand my doctor will not be able to anticipate all potential complications, but elect to rely on her clinical expertise and judgment to determine courses of clinical action, based upon known facts, which are considered to be in my best interest. I understand that results are not guaranteed and that I have the opportunity to discuss the purposes and risks associated with all recommended evaluation and treatment procedures at any time.

I have read and understand the preceding statements and hereby consent to voluntarily participate in orthopedic, neurologic, and physical performance testing and physical, manipulative and exercise/rehabilitative therapies as deemed appropriate by my doctor. If at any time I decide that I am unwilling to engage in these procedures, I reserve the right to inform my doctor of such and not participate in these forms of evaluation or treatment.

Patient/Guardian's Signature _____

Date _____