

Arena Chiropractic, PLLC



Chiropractic Treatment Informed Consent

I have received information from Dr. Arena about my condition and proposed chiropractic treatment program, including the anticipated benefits, the reasonably foreseeable risks and side effects of the treatment, and alternatives to the proposed treatment, including no treatment.

I understand that, as in all health care, there are some risks associated with chiropractic treatment. The risks include, but are not limited to bruising, soreness, worsening of symptoms, muscle strains, sprains, fractures, dislocations, disc injuries, and strokes. I do not expect Dr. Arena to be able to anticipate and explain all risks and complications. I wish to rely on Dr. Arena to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the fact then known to him, is in my best interest.

By signing below, I am acknowledging that I have received information regarding the proposed treatments as well as alternative courses of care. This includes the benefits, risks and the side effects of the recommended treatment(s). I also acknowledge that the doctor has responded to all of my requests for information regarding the proposed plan of care and I have had the opportunity to ask questions about its content. I am also aware that I may ask further questions at any time.

Patient Name

Patient/ Guardian Signature

Date

Doctors Signature

Date