

AKITA CHIROPRACTIC, DR. TIMOTHY AKITA, DC

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CHIROPRACTIC INFORMED CONSENT

I give my consent to the performance of conservative chiropractic treatment to the joints and soft tissues of the spine and extremities. I understand that these procedures may consist of manual or mechanical manipulation (Adjustments) involving movements of the joints and soft tissues of the body. I also give my consent to the use of physical therapy modalities such as moist hot packs, ice packs, electro-muscular stimulation, interferential current, diathermy, ultrasound, laser, trigger point therapy, instrument assisted soft tissue manipulation, joint and soft tissue stretching, mechanical or manual traction and therapeutic exercises.

I realize that the practice of medicine, including chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

Although chiropractic manipulation is considered to be one of the safest forms of therapy for musculoskeletal conditions, I am aware that there are possible risks and complications associated with this procedure. A small percentage of patients may experience muscle and/or joint soreness, dizziness, joint injuries such as rib fractures, spinal compression fractures, disc herniation or stroke.

I have read, or have had read to me, the above explanation of chiropractic treatment. I give my consent to these procedures and hereby affix my signature to this authorization for treatment.

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Patient Signature

Date

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Signature of Guardian

Date

*Timothy Akita D.C.*