



1700 Northside Dr. Ste A3
ATLANTA GA 30318
(404)351 1800

Informed Consent and Terms of Acceptance

Initials: _____ I have been informed that it is not uncommon that patients have some increased discomfort after an adjustment. If that happens, I will apply ice to the area and rest it. If I am concerned about this discomfort or develop any new symptoms, I can call 404 351 1800 during office hours for emergency attention and 911 for after hours emergency attention. If I am out of town or unable to contact the doctor, I can present myself to an emergency room. If any tests were performed outside of this office (laboratory or other diagnostic procedures), I understand that the doctor will notify me of the results at my next scheduled appointment.

Initials: _____ I hereby request and consent to the performance of chiropractic and/or medical adjustments, including various modes of physical therapy and, if necessary, diagnostic x-rays, on me by the chiropractor listed below. I have had an opportunity to discuss with the doctor named below and/or with other office or clinic personnel, the nature and purpose of chiropractic and/or medical adjustments and other procedures. I understand that results are not guaranteed. I further understand and am informed that, as in all health care, in the practice of chiropractic and/or medical, there are some very slight risks to treatment, including, but not limited to, muscle strains and sprains, disc injuries and strokes. I do not expect the doctor to be able to anticipate and explain 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 upon the facts then known, and is in my best interest.

Initials: _____ I have read the above consent, doctor as indicated by our initials. I have also had an opportunity to ask questions about its contents, 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 conditions for which I seek treatment.

Initials: _____ When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Subluxation: A misalignment of any bones of the human body which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of subluxation. Our chiropractic method of correction is by specific adjustments of the spine and axial skeleton.

Health: A state of harmony within the body, where every cell, tissue, and organ are functioning as efficiently as possible. Health is not merely the absence of disease or symptoms.

Initials: _____ We do not offer to diagnose or treat any disease or condition other than subluxation. However, if during the course of a chiropractic examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of another health care provider. Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I _____ on this _____ day of _____, 20_____ have read carefully and agree to the terms listed above in the Informed Consent and Terms of Acceptance policy of Back to Basics.

Patient Signature

Date