

Bradley Chiropractic
Consent to Chiropractic Services

Consent to Treatment of a Minor Child

I have authority to & do authorize Dr. Shawn P. Bradley, D.C. to administer chiropractic care as deemed necessary to my (relationship) _____ (name) _____.

x _____
parent/guardian initials

Female Patients

I hereby certify that to the best of my knowledge, I am not pregnant and Dr. Shawn P. Bradley, D.C. has my permission to take x-rays of me.
Date of last menstrual cycle _____

Do you have implants of any kind? Yes____ No____

x _____
patient initials

Consent to Chiropractic Services

I hereby request and consent to chiropractic manipulations and other procedures including various modes of physical therapy, diagnostic x-rays and or tests by Bradley Chiropractic, LLC and their staff who now or in the future treat me while employed by this office. I have had an opportunity to discuss with the doctor and/or with office personnel the nature and purpose of treatment indicated. I understand that results are not guaranteed 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 and explain all risks and complications and wish to rely on the doctor to exercise judgement during the course of any procedure, which the doctor feels at the time, is in my best interest. I have read, or have had read to me, the full above consent and have also had an opportunity to ask questions about its content and by signing below I agree to the above terms and procedures. I intend this consent to cover any treatment for my present condition and for any future conditions for which I seek treatment by this clinic and/or employed staff.

Signed _____ Date _____

Witness _____ Date _____