

# INFORMED CONSENT FOR CHIROPRACTIC CARE

Garberg Chiropractic  
325 Wellsian Way  
Richland, WA 99352  
(509) 943-4919

## **OFFICE OBJECTIVE: To facilitate the body's correction of subluxation by chiropractic manipulation.**

I hereby request and consent to the performance of chiropractic adjustment and other chiropractic procedures, including various modes of physical therapy and diagnostic x-ray, on me (or on the patient named below for whom I am legally responsible).

Though chiropractic treatments are usually beneficial and seldom cause any problems, I understand and am informed that there are some risks of treatment. Risks include but are not limited to: Fractures, disc injuries, Strokes, dislocations, sprains and strains.

We do not offer to diagnose or treat any disease or condition other than vertebral and extra-vertebral subluxations. However, if during the course of the examination, we encounter non-chiropractic or unusual findings, we will advise and refer you to another provider who specializes in that area.

We do not offer advice regarding treatment prescribed by others. Our objective is to eliminate major interference to the innate expression of the body. Our methods include specific adjusting and soft tissue procedures to correct subluxation complexes.

You will have the opportunity to discuss with Dr. Garberg / Dr. McIntosh the purpose and benefits of the chiropractic treatments outlined on this form. Alternatives and treatment will be reviewed.

I \_\_\_\_\_ have read and understand the above statements.

I hereby authorize and request treatment. I understand that no guarantee or assurance has been given about treatment.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_.

Being the legal guardian of \_\_\_\_\_, I have read and understand the above statements and hereby authorize said minor to receive chiropractic care.

Signature of parent/guardian \_\_\_\_\_ . (If patient is a minor)

Doctors Signature \_\_\_\_\_ Date: \_\_\_\_\_.

Dr. Gib Garberg, D.C.

Dr. Ben McIntosh D.C.