

Dr. Michael S. De Napoli, D.C.
Pasadena Family Chiropractic
600 South Lake Avenue Suite #104
Pasadena, California 91106
Phone: (626) 564-1605 / Fax: (626) 683-8680

Informed Consent to Chiropractic Care

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

I have discussed my condition and my proposed care with my doctor. I understand in the practice of chiropractic, as in the practice of medicine, there are some risks to treatment, including (but not limited to) fractures, burns, disc injuries, strokes, dislocations, and sprains. Soreness following treatment is not unusual. I do not expect the doctor to be able to anticipate and/or explain all of the potential risks and/or complications, and I wish to rely on the doctor to exercise judgment during the course of procedures which the doctor feels at the time, based on the facts then known, are in my best interest.

I have read, or have had read to me, the above consent. By signing below, I agree to the above procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name (Please Print)

Date

Patient's Signature (or Guardian's Signature)