



## Informed Consent to Care and Treatment

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on myself (or on the patient named below, for whom I am legally responsible) by Dr. Victoria Moore. These procedures may include various modes such as instrument and hand adjustments, neurological rehabilitation, physical therapy, diagnostic X-rays, and emotional processing. I have had an opportunity to discuss with Dr. Moore and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine and all healthcare, in the practice of chiropractic there are some risks to treatment. These risks are rare, but could include and are not limited to disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications; I wish to rely upon the doctor to exercise judgment during the course of the procedure that the doctor thinks is in my best interest at the time, based upon the facts then known to her.

I have read, or had read to me, the above consent. I have also had an opportunity to ask questions about the content. 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 condition(s) for which I seek care.

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Print Name

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Signature

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Date

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If patient is a minor, Parent/Guardian Name

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Signature

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Date

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Phone

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Email

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